

ACTIVITIES/POLICIES CONSENT and EMERGENCY RELEASE for

Vacation Bible School

@ St. Matthew Episcopal Church, Browns Point

(updated 7/7/2022)

Name of Child: _____ Birth Date: _____

Male: _____ Female: _____ Non-Binary: _____

Parent/Guardian #1 Name: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If same as Street Address, write "Same as Above")

Email Address: _____ Cell: _____ Work: _____

Parent/Guardian #2 Name: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If same as Street Address, write "Same as Above")

Email Address: _____ Cell: _____ Work: _____

Names of Persons other than Parents/Guardians permitted to bring or remove your child:

NAME	RELATIONSHIP	PHONE

PERMISSION TO ENGAGE IN SUMMERTIME PRESCHOOL ACTIVITIES

I/We, the parents/legal guardians of the child named above understand that the Vacation Bible School @ St. Matthew is an active indoor/outdoor program for youth ages 3-10. The program includes, but is not limited to, spiritual and social development, artistic expression, scientific discovery and plenty of play. Permission is hereby granted by the undersigned for our child to participate in all Vacation Bible School activities. I/We take full responsibility for the actions of my/our child and relieve all adults and St. Matthew Episcopal Church of any liability in conjunction with these activities. _____(Initial)

RESTROOM POLICY

I/We, understand that my child must be fully toilet-trained in order to participate in the Vacation Bible School. I/We also give permission for the teaching staff to help my child in the restroom if needed in accordance with Safeguarding policies and procedures. _____(Initial)

FOOD POLICY

My/Our child may eat school-provided snacks, treats, and cooking projects including (but not limited to) crackers, cheese, fruit, vegetables, etc. I/We will provide a lunch for my/our child each day and update my child's teacher about all food sensitivities and allergies. (Please list any known allergies to date in the section below) _____(Initial)

PHOTOGRAPHIC IMAGE/MEDIA RELEASE

I/We give permission for the child named above to be photographed and/or motion recorded during any Vacation Bible School activity and for the images and/or recordings to be published, reproduced, or distributed by St. Matthew Episcopal Church in all outlets, including, but not limited to, television, newspapers, internet/social media, school and church publications, and promotional materials without liability or limitation on my or my minor's part. I understand that names of children are never shared in any media. Furthermore, such use shall be without payment of fees, royalties, special credit, or other compensation. _____(Initial)

EMERGENCY MEDICAL CONSENT and RELEASE

When I/we cannot be contacted, I/we authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my/our child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my/our child's health. I/We waive my/our right of informed consent to such treatment. I/We also give my permission for my/our child to be transported by ambulance or aid car to an emergency center for treatment. _____(Initial)

COVID 19/INFECTIOUS DISEASE LIABILITY WAIVER

If you or your child(ren) are attending an in-person gathering at St. Matthew of any kind, it is assumed you are doing so out of your own free-will and that you bear all risks and liability associated with disease contraction and transmission. St. Matthew assumes no liability for any disease contraction or transmission of any persons attending an in-person gathering on the property of St. Matthew Episcopal Church. If you or your child(ren) are not fully vaccinated against COVID 19 or any other disease with available booster shots, you are strongly encouraged to receive the vaccines available to you. _____(Initial)

COVID 19/INFECTIOUS DISEASE MITIGATION

For all people who attend in-person gatherings at St. Matthew, staying home when sick is essential to preventing spread to others. All attendees and staff members who have COVID-like symptoms, including symptoms of other infectious diseases, are to stay home and seek medical evaluation as needed, including testing for COVID and other respiratory infections before coming to the property of St. Matthew Episcopal Church. Masks are strongly encouraged for all VBS participants but are not required. _____(Initial)

EMERGENCY INFORMATION

In case of emergency, please contact in order of **preference** and/or **ability**:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

My/Our child has the following allergies, medical conditions and/or physical limitations and/or is taking the following medications (if none, write that here):

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Family Physician: _____ Physician Phone Number: _____

Physician Address: _____

By signing below, I/we acknowledge that I/we agree to all the above initialed items.

Signature of parent/guardian Date

Signature of parent/guardian Date

Email: stmsummertimedaycamps@gmail.com + Phone: 253-927-9808