

PARENT / GUARDIAN

PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT

SPONSOR OF ACTIVITY Saint Michael's Youth Group of Our Lady of Guadalupe Parish

ACTIVITY 2017 Vacation Bible Camp

DATE(S) OF ACTIVITY June 19-23, 2017

PLACE OF ACTIVITY Our Lady of Guadalupe Parish/Kit Carson Park/Taos Plaza

As parent and/or legal guardian of _____, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Michael's Youth Group of Our Lady of Guadalupe Parish

Name of Parish/School

its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Santa Fe.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child according to the instructions described here:

Medication _____

Directions: _____

If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.

Name of Physician _____ Phone _____

Signature: _____ Date: _____
Parent/Guardian

Print Name: _____

Phone: _____ Home _____ Work _____

Saint Michael's Youth Group of Our Lady of Guadalupe Parish
2017 Vacation Bible Camp
Registration Form

Youth (s) Name: _____

Guardian (s): _____

Phone Number: _____ 2017 School Grade : _____

Mailing

Address: _____

In Case of Emergency Please Contact:

Name: _____ Relationship: _____

Number: _____ if they can not be reached please call:

Name: _____ Relationship: _____

Number: _____

Allergies: _____

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Any additional information: _____

At Vacation Bible Camp there will be no Bullying or Fighting Allowed.

Please do not bring any valuables that may be lost or stolen during the week.

We will be traveling to Kit Carson Park throughout the week to play on the Playground as we do not have a playground of our own. We will be traveling on sidewalks and following safe practices.

The older classes will be traveling to the Plaza with a few projects while following safe practices.

We are Mandatory Reporters of any Abused or Neglected Children under New Mexico Law Section 32A-4-3 of the New Mexico Children's Code mandates that anyone who has knowledge or a reasonable suspicion that a child is an abused or neglected child must report it immediately. The report may be made to (1) a law enforcement agency; (2) the New Mexico Children, Youth, and Families Department; or (3) a tribal law

enforcement or social services agency for any child residing in Indian Country. Merely reporting the incident to a supervisor or manager is insufficient.

I understand all information above and verify that any personal information given is accurate:

Signature

Date _____