Our Lady of Guadalupe

Summer Bible Camp

VOLUNTEERS

August 7 - August 11, 2017

PLEASE PRINT: Form **MUST BE COMPLETED** to register. Adults fill out needed area only.

Volunteer: Last Name:_____First Name_____

Address: _____

City _____ Zip _____

Date of Birth: _____

School Attending in the Fall 2017: _____ Incoming Grade: _____

Valid email: _____

Mothers Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell/Work: _____

Fathers Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell/Work: _____

CIRCLE ONE

T-Shirt

Adult Size: S M L XL XXL

MUST ATTEND

Training Meeting on July 10th at 7 PM

At OLG school site

(COMPLETE OTHER SIDE)

Our Lady of Guadalupe Parish

Faith Formation Office

HEALTH AUTHORIZATION AND RELEASE FORM

Volunteer's Name: _____

OTHERS AUTHORIZED TO PICK UP CHILD:

Name: _____ Phone: _____

Name: _____ Phone: _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name: _____ Phone: _____

Name: _____ Phone: _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Address: _____

Phone: _____ Medical Plan: _____ Plan Number: _____

Do you authorize the Director of Faith Formation or their authorized representative to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes___ No ___

State any reasons why you do not want medical care given to your child in an emergency: _____

_____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs

Digestion Special needs Other: _____

List any physical restriction or restriction for any activity based on medical condition: _____

_____

Allergy or reaction to any **MEDICATION OR FOOD**? No _____ Yes: _____

List: _____

State the date of your child's last physical examination: _____

I give consent for any pictures taken of my child's during VBS to be published for OLG purposes only.

Parent Signature_____ **Date** _____