

St. Rose Vacation Bible School

Student Volunteer Registration Form

July 8 – 12, 2024



Student Volunteer Information

Child Name: _____

Birth Date: _____

Grade completed 2023-24 _____ Age as of 7/1/24 _____

I will be available on the following VBS Decorating Days prior to VBS week:

(please check all days/times you are free to help)

_____ Friday, July 5	_____ 10:30 am – 1:30 pm	_____ 2:00 pm – 4 pm
_____ Saturday, July 6	_____ 10:30 am – 1:30 pm	_____ 2:00 pm – 4 pm
_____ Sunday, July 7	_____ 12:00 pm – 4:00 pm	

Circle or highlight area(s) of interest:

Please Note your first preference (#1), second preference (#2), third preference (#3), etc...
if you have any preferences but putting # beside your choices)

- _____ Crew Leader (catechist) (must be at least 16 yrs of age)
- _____ Crew Leader Aide (assists Crew Leader with students throughout each VBS Day)
- _____ Science/Crafts Aide (helps run the Science/Crafts of VBS each day)
- _____ Music Aide (helps run the Music Station of VBS each day)
- _____ Snacks Aide (helps run the Snack Station of VBS each day)
- _____ Recreation Aide (helps run the Recreation Station of VBS each day)
- _____ Babysitting Aide (helps care of babies/small children of Adult Volunteers)
- _____ SKIT Actor/Actress or SKIT Stage Crew (to help run our daily Faith Skit)
- _____ VBS Media/Sound/Photographers

Parent Information:

Parent/Guardian Name: _____

Parent Email _____

Parent Phone (best phone # to reach you) _____

Parent Street Address _____

Parent City, State, Zip _____

Emergency Contact

(Name & Telephone # to be called if parent can't be reached at above number)

Name _____ Phone _____

**ST. ROSE OF LIMA 2024 VBS
Emergency Medical Authorization**

Child Name: _____

MEDICATIONS BEING TAKEN: YES NO If yes, please list: _____

ALLERGIES TO MEDICATION: YES NO If yes, please list: _____

ALLERGIES TO FOOD: YES NO If yes, please list: _____

SPECIAL NEEDS/LEARNING DISABILITIES: YES NO If yes, please list: _____

Purpose:

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under PREP authority, when parents or guardians cannot be reached.

**In the event reasonable attempts to contact me at _____ (phone #)
or _____ (name & Phone # of other parent or guardian)**

have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by

Dr. _____ Phone _____ (preferred physician) or

Dr. _____ Phone _____ (preferred dentist),

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

(2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

NAME OF PARENT/GUARDIAN _____

(please print)

Signature of Parent or Guardian _____ Date _____

Refusal To Consent (Do NOT complete if you completed top portion)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the PREP authorities to take no action or to:

Signature of Parent or Guardian _____ Date _____

ST. ROSE OF LIMA 2024 Vacation Bible School
Parent/Guardian Media Consent Form

We are sending you this parental consent form both to inform you and request permission for your child's photo/image, *without any personally identifiable information*, to be published on the parish web site/bulletin or posted in our parish church or school.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names and any personal information.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the parish secretary and such rescission will take effect upon receipt by the parish.

Please check one of the following choices:

___ I/We GRANT permission for a photo/image that includes this student *without any personal identifiers* to be published on St. Rose of Lima's Internet site or posted in our Church vestibule or the School.

___ I/We DO **NOT** GRANT permission for a photo/image that includes this student *without any personal identifiers* to be published on St. Rose of Lima's Internet site or posted in our Church vestibule or the School.

Child(ren) Names (print)

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____