

Medical Treatment and Authorization

Physician Name: _____ Phone: _____

As parent/legal guardian I authorize and consent for Blessed Sacrament Church to seek medical treatment, administer first-aid, and transport my child to a hospital for emergency treatment. I wish to be advised prior to any treatment by authorized church staff/volunteers, emergency doctors, or hospitals. I do not hold Blessed Sacrament Church responsible or liable for any action necessary in the emergency care of my child. I assume responsibility for any expense incurred by such treatment.

PHOTO/VIDEO RELEASE

Pictures and video of children/youth may be taken during sessions and class activities for use in promoting faith formation and/or youth ministry programs at Blessed Sacrament Church and the Archdiocese of San Antonio.

(Please check one of the following)

YES, Pictures & video **MAY** be taken of my child. **NO**, Pictures & video **MAY NOT** be taken of my child.

CONSENT & HOLD HARMLESS

As the parent/legal guardian, I consent for my child to participate in faith formation or youth ministry events under the guidance and direction of employees and/or volunteers from Blessed Sacrament Catholic Church. I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, our heirs, successors, and assigns to hold harmless and defend **BLESSED SACRAMENT CATHOLIC CHURCH**, its staff, volunteers, and the Archdiocese of San Antonio from any liability for illness, injury, or death arising from or in connection with my child attending faith formation or youth ministry events.

Blessed Sacrament Catholic Church is committed to provide a fun, safe, and educational experience conducted in a smoke, drug, and alcohol free environment. For the safety of all concerned, anyone engaging in illegal, immoral, or offensive behavior, or refusing to follow the directions of parish staff and volunteers while participating in faith formation activities will be asked to leave the parish campus.

Authorization for Medical Treatment and Photo/Video Release

Parent/Legal Guardian: _____ Parent/Legal Guardian: _____
(Print) *(Signature)*

Relationship to Student: _____ Date: _____

Please list authorized people to pick up your child from Vacation Bible School. ID's must be provided to ensure your child is released to the appropriate people.

Payment Options

Fee is \$30/child. Please pay with check or cash. You may also pay online by going to:

<http://www.blessedsacrament.church/>

Choose "Donate Now"

Type the amount in the "Vacation Bible School" box then follow instructions to finish payment.

In the box "Envelope/Account Number", please type the names of the children for whom you are paying.



Sr. Misty Garriga, DRE
824-7231 ext 21 srmistycdp@gmail.com