



SS. Philip and James Parish
Vacation Bible School
June 16 to June 20, 2025
9:15 AM to 12:15 PM

ADULT VOLUNTEER FORM

Please complete both pages.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

T-shirt size: AS _____ AM _____ AL _____

AX _____ AXL _____

MEDICAL RELEASE

SS. PHILIP AND JAMES VACATION BIBLE SCHOOL JUNE 22 TO JUNE 26, 2026

I, _____, authorize adult volunteers and employees of SS. Philip and James Parish, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release SS. Philip and James Parish and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

DATE: _____ SIGNATURE: _____

Health Insurance: _____

Policy or group number: _____

Please continue on next page.

Emergency Contact: _____ Phone: _____

Relationship: _____

Please list any allergies (food and medication):

Primary Care Provider: _____

Phone: _____

