



SS. Philip and James Parish
Vacation Bible School
June 22 to June 26, 2026
9:15 AM to 12:15 PM

STUDENT VOLUNTEER FORM

Please complete both pages.

Student Volunteer Name: _____

Date of Birth: _____

Last school grade completed, as of June, 2026: _____ (Rising 7th Grade and older.)

Name of Parent(s): _____

Address: _____

Home Phone: _____ Parent Cell Phone: _____

Parent Email Address: _____

Student Cell Phone: _____

Student Email Address: _____

T-shirt size: _____YM _____YL _____YXL
 _____AS _____AM _____AL _____AX

I grant permission do not grant permission for my child's picture to appear in the parish bulletin and on the parish website. (Names of children will not be printed with pictures.)

Parent Signature: _____

I grant permission do not grant permission for my child to receive emails from VBS Director related to the Program.

Parent Signature: _____

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

I (we), the undersigned parent(s) or guardian of _____
(child's name)

a minor, do hereby authorize adult volunteers and employees of SS. Philip and James Parish as agents for the undersigned, 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: _____ PARENT SIGNATURE: _____

Health Insurance Company: _____

Policy or group number: _____

If parent/guardian is not available in an EMERGENCY:

Emergency Contact: _____ Phone: _____

Relationship: _____

Please list any allergies (food and medication): _____

Does your child have any special medical needs, including medication currently being used? Yes No If yes, please explain: _____

Doctor's Name: _____ Phone: _____

Date of last Tetanus Shot: _____