



EPIPHANY of the LORD CATHOLIC CHURCH + VBS 2023

I _____, hereby give me permission for a qualified, licensed physician to treat my child(ren) _____. In _____.

In case of a medical emergency, it is understood that, in the case of minor emergencies, the adult representative will attempt to reach us before our child(ren) is taken to a physician, clinic, or emergency department for any investigation or treatment. If we cannot be reached, then the adult agent may act as our representative.

It is further understood that, in the case of more serious emergencies, the attending physician shall attempt to contact us before further treatment or specialist consultation is ordered unless the condition is life-threatening or delay in treatment may compromise the results of treatment. In these later situations, the attending physician may initiate the appropriate therapy.

Physician's Name: _____ Phone: _____

AUTHORIZED PICK-UP

The following person will pick up my child(ren) every day from the Family Center:
(If someone other than the parent is picking up a child, they must show their driver's license)

Name

Phone

Driver's License #

EMERGENCY CONTACTS

Name	Phone	Other Phone	Driver's License

Parental Photography Consent: I grant permission for photographs of my child to be taken during the Vacation Bible School at Epiphany of the Lord. If you do not consent o having photos of your child(ren) taken during church related events, enclose a signed and dated letter to that effect. This authorization shall be in effect and on file at Epiphany of the Lord Catholic Community until June 1, 2024.

Parent Signature _____ Date _____