



Saint Margaret Mary Parish
V.B.S. Registration/health form
Aug. 6-10; 9:30-2:00 participants; 9:00-2:30 volunteers

Participant name: _____ Age _____ Grade as of 9/18 _____
(PreK- Gr. 5) _____ (High School) _____ (Middle School) _____

Participant address: _____

Parent/guardian (day) phone: _____ Parent/guardian email: _____

Participant allergies, chronic illness, or other conditions: (List all as we will be serving a snack, lunch & dessert daily.)

Health information/issues/restrictions of which we should be aware: _____

Please note ALL medications your participant(s) is /are currently taking (including frequency & dosage)

Family Health Insurance Co. _____ Policy # _____

Family Physician _____ Phone# _____

Person to contact in case of an emergency: Name: _____

Relationship to participant/helper: _____ Phone: _____

Email: _____

Parent/Guardian Release: In signing this form, I hereby certify that the above information is correct. I give permission for the release of medical records to an attending physician in case of injury or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter as named herein.

I agree that no liability is assumed by the Archdiocese of Boston, St. Margaret Mary Parish or St. Margaret Mary Rel. Ed. & Youth Ministry Program for claims that may arise out of this activity.

I agree that any photo or video of my child may be taken during Group's Expedition Norway & posted in the buildings of St. Margaret Mary Parish, Westwood and on the Saint Margaret Mary Parish website & facebook for the sole purpose of promoting God, our faith and this parish activity.

Parent(s)/Guardian(s) name(s): _____

Parent(s)/guardian(s) signature: _____ Date: _____

Parish: _____ Town: _____

Total number of sibling participants attending: _____

Please return form with fee. (\$100 per participant; \$25 per helper) to
St. Margaret Mary Parish 845 High Street Westwood, MA 02090

Checks made payable to: St. Margaret Mary Parish (Please note on check: Expedition Norway VBS)

Deadline for registration is July 29, 2018. Financial Aid is available. All requests confidential.

Don't let \$\$ keep your child(ren) from having a blast discovering the precious treasures of our faith!

**** All helpers must attend one training session in full. Failure to attend a training session will result in the student NOT participating in Expedition Norway VBS. Sessions approximately 1 hr.15 minutes. Training sessions will take place at St. Margaret Mary Parish Offices:**

Sun., July 29 @ 6 pm _____ Mon., July 30 @ 6 pm _____ Sun., August 5 @ 6 pm _____