



**Medical Release Information**  
**St. Agnes Catholic Church**  
**Vacation Bible School - June 28th – July 2nd, 2021**

In consideration of the wholesome recreation and/or learning experience in which my child(ren) will participate, I/We as parent(s) or guardian(s) of

\_\_\_\_\_ allow my/our child(ren) to participate in Vacation Bible School at St. Agnes Catholic Church from June 28th – July 2nd, 2019. By so permitting my/our child(ren) to participate, I/we expect reasonable and adequate supervision of my child(ren). It is thus agreed that I/we will hold St. Agnes Catholic Church, Inc. and the Roman Catholic Archdiocese of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to Peggy Mrozek as Program Director on-site to obtain medical care from a licensed physician, hospital, or medical clinic for my child(ren) in the event I/we cannot be reached.

\_\_\_\_\_ We have medical/hospitalization coverage under policy # \_\_\_\_\_  
Issued by \_\_\_\_\_

\_\_\_\_\_ We do not have medical/hospitalization coverage and I/We assume responsibility for any and all medical expenses occurred

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
Father/Mother/Guardian/Responsible Party

Any pertinent information relating to allergies, medication, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Daily COVID 19 Wellness Check**

I understand that my Child's participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the Activities. By allowing my Child to participate in the Activities, I will confirm, each day of VBS camp, that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC)

\_\_\_\_\_  
Father/Mother/Guardian/Responsible Party

**Photo/Video Release Form**

In the event that any photographs or videos are taken of my above-mentioned child(ren) while they participate in Vacation Bible School at St. Agnes Catholic Church, I/we hereby grant permission for them to be used on the St. Agnes/St. William of York website or for other promotional purposes.

\_\_\_\_\_  
Father/Mother/Guardian/Responsible Party

(Fill out both sides —>)