



St. Andrew's Church
631 N. Jefferson St.
Roanoke, VA 24016

Dear VBS helper,

St. Andrew's Church thanks you for your offer to help out with this year's Vacation Bible School, which runs from July 10-14. We are looking forward to a fun week with the kids, but we need to have the attached Medical Release form filled out by your parents, and returned to the Parish Office.

As soon as we receive this form back in the office, we will sign you up for your preferred area. A completed and returned form serves as your commitment to the VBS program, and helps to secure your spot. By returning the Medical Release form quickly, you can get your first choice of where you want to help out. There is also a place to indicate your area of interest, as well as your shirt size for your VBS t-shirt. Teens entering grades 9-12 in the fall are also eligible to participate in the skit. If you'd like to be considered, please indicate that below.

By volunteering to help, you are committing yourself to the entire 5 days of VBS. It is important that you are able to show up every day, and not leave us shorthanded. If you know ahead of time that you will be unable to attend, please let us know as soon as possible, so that we can replace you. We do have a waiting list of teens who would like to help.

Completed forms can be mailed to the address above, faxed to 344-7879, or handed directly to Mrs. Boyer during Christian Formation or at the 11:30 Mass. Thank you again for your service to the youth of our parish. Please call me at 344-9814 with any questions.

Sincerely,

Kathy Boyer

ANNUAL MEDICAL RELEASE FORM

PARISH - St. Andrew's Church Vacation Bible School 2017 - Teen volunteer form

PARTICIPANT'S NAME _____ **Fall Grade** _____

Sex _____ **Date of Birth** _____ **Soc. Sec. #** not required

Home Address _____

City _____ **State** _____ **Zip** _____

Email address _____

Name of Parent or Guardian: _____

Insurance Company: _____

Policy Holder's Name _____

Relationship to Policy Holder: _____

Policy Number: _____

In case of an emergency notify: _____

Home No. (_____) _____ Work No. (_____) _____

Medical Information

1) Does your child have any allergies? _____ YES _____ NO

If "YES", please list.

2) Does your child have medication of any type with them? _____ YES _____ NO

If "YES", please list.

3) Is there any other physical or emotional condition of which we need to be aware? Please explain.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

PARENT/GUARDIAN SIGNATURE:

_____ **Date** _____

T shirt size: ___AS ___AM ___AL ___AXL

Volunteer area of interest: ___nursery ___snacks ___teacher's aide
___music ___crafts ___outdoor games
___skit (grades 9-12)

Please note: You will not be officially signed up to help until this form has been received at the Parish Office.