

Bethlehem Lutheran Church (BLC)
Northridge Lutheran Church (NLC) and First Presbyterian Church (FPC)
Vacation Bible School
Registration, Medical, & Consent Form
June 24th - 28th, 2019
For age 4 (potty-trained please)-entering 6th grade
Please print and complete both sides

REGISTRATION

1st Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ E-mail _____

2nd Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ E-mail _____

3rd Child's Full Name _____ Sex _____ Age _____ Grade _____

Date of Birth _____ E-mail _____

Father's Name _____ Mother's Name _____

Guardian (If not biological parent) _____

Child's Mailing Address _____

Home # _____ Work #(s) _____

Parent's Cell #(s) _____ Parent's E-mail _____

Is there anything the leaders and teachers should know about your child/children? _____

Do you have a home church? _____ If so, where? _____

Bethlehem Lutheran Church (BLC)
Northridge Lutheran Church (NLC) and First Presbyterian Church (FPC)
VBS Medical & Consent Form
June 24th- 28th, 2019

MEDICAL

Insurance Carrier _____ Policy# _____

Physician Name _____ Phone # _____

Allergies (including bee stings, drug reactions, food, etc.) (Child 1, 2, or 3)

Current Medications (including dosage) (Child 1, 2, or 3)

Illnesses or other medical information of which we should be informed _____

Date of last tetanus shot: CHILD 1 _____ CHILD 2 _____ CHILD 3 _____

Any restrictions or concerns? _____

Emergency Contact (other than parent or guardian) _____

Relationship to child _____

Home # _____ Cell # _____ Work # _____

CONSENT

I, _____ parent/legal guardian of _____ understand that in the event of an emergency, or if any medical, surgical, hospital care, treatment and procedures become necessary for my child while they are participating in Vacation Bible School with BLC/NLC/FPC, every attempt will be made to contact me. If I am unavailable, I grant those in charge of the event my permission to authorize medical attention as recommended by a licensed physician. I waive my right of informed consent to such treatment. We agree to pay all medical costs involved in any such emergency treatment. We release and discharge the Churches and/or their representatives involved in this event from any liability whatsoever in exercising this permission.

This authorization is for ALL BLC/NLC/ FPC Vacation Bible School activities for June 24th- 28th, 2019.

Parent/Guardian Signature _____ **Date** _____

Media Consent

I consent to the use of any photograph or videotape of my child taken during VBS week for use in future presentations at BLC/NLC/FPC or posted on BLC/NLC/FPC websites (names of children will never be mentioned on web).

Parent/Guardian Signature _____ **Date** _____

Please keep in mind that the reason we ask for all of this information is to keep your child safe while they are under the supervision of BLC/NLC or FPC and to be able to mail you necessary information about our ministry.

Thanks!