

2019 VBS REGISTRATION AND MEDICAL INFORMATION/RELEASE

July 8-July 12

Parents and/or guardians must fill out a separate form for each child or youth.

Child/Youth Name: _____

Child/Youth Date of Birth: _____

Child/Youth Age: _____

School: _____

Grade Completed: _____

Siblings/Other Family Members attending:

Name(s) of Parent(s)/Guardian(s): _____

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

Home Telephone: _____

Cell: _____

Work Telephone: _____

Email: _____

Programs for which you wish to register this child/youth [check all that apply]:

Sunday School:

Other Youth Activities:

- Pre-K-K (ages 4-6)
- Elementary (Grades 1-5)
- Junior High (Grades 6-8)
- Senior High (Grades 9-12)

- Vacation Bible School
- Youth Group

Please list anything special about your child or youth that you would like us to know, (e.g., custodial arrangements, persons to whom your child should not be released, special needs).

List any dietary restrictions or allergies

PLEASE PROVIDE A DAILY SNACK IF HE/SHE HAS DIETARY RESTRICTIONS.

PHOTO/PUBLICITY WAIVER

I hereby grant to Christ’s Lutheran Church (“Church”) the right and permission to use any photographs or video it has taken of my child or youth named above for any purpose relating to Church related activities, programs, or events depicted in media produced, published, or distributed by the Church now or in the future. I hereby release and discharge Church from any and all claims and demands arising out of or in connection with the use of the photographs or videos, including any and all claims for libel or invasion of privacy.

(Parent or Legal Guardian’s Signature)

(Date)

MEDICAL INFORMATION/RELEASE

Name of Child/Youth: _____

Allergies: _____

Other Health Issues:

Prescriptions/reason:

Child's Primary Physician: _____ Telephone: _____

Parents are responsible for updating the information in this form as appropriate.

In case of emergency, I (we) authorize the adult in charge to consent to medical care for my/our minor child. For purposes of this consent, the term "medical care" shall include, but not be limited to, X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. I (We) further authorize my child's health care providers to release and/or disclose any and all protected health information relevant to the diagnosis and treatment to the adult in charge. This authorization will expire when I am able to assume the responsibility of directing my/our minor child's medical care.

(written)

(date)

(printed)

(contact number)

(written)

(date)

(printed)

(contact number)