

Registration, Waiver & Medical Release Form

VACATION BIBLE SCHOOL

Child's Name (please print) _____

Birthday _____ Age _____ Grade _____

Parent's Names _____

Home and Cell Numbers _____

Address _____ Zip Code _____

Email Address _____

Other Emergency Contact _____ Phone _____

Relationship to Child _____

Does your child have any severe allergies? (i.e. bee stings, food, penicillin, etc?) NO YES

If yes, please explain _____

Does your child have any life-threatening conditions? NO YES If yes, please explain

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our volunteers should be aware of? NO YES If yes, please explain _____

Is your child currently taking medications? NO YES If yes, please list the medication/s and reason _____

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, Church of the Redeemer, its staff, and its volunteers are hereby released from liability. In the event that your child requires special medical treatment, every effort will be made to contact the parents/guardians as quickly as possible.

I/We also give permission to use pictures that may be taken of my child/children during the Vacation Bible School to be shared with the public.

Our VBS is free but we would appreciate any child appropriate prizes (\$10 to \$20) you might donate.

Parent/Guardian Signature

Relationship to Child

Date