



# 2017 Vacation Bible School

Registration Form  
August 7-11, 2016 9:00am – Noon  
4 Years through 6<sup>th</sup> Grade



Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### Child's Age Information

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last School Grade Completed \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies (food & other)/Medical Information/Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Dismissal Information

Name(s) of person(s), who may pick up this child from VBS:

(Please pick up your child promptly at noon each day of Vacation Bible School)

(OVER >)

**AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR  
RELEASE OF A MINOR TO SOMEONE OTHER THAN A PARENT/GUARDIAN**

Upon presentation of this document, I, \_\_\_\_\_, the undersigned  
(Parent/Guardian Name)

parent/guardian of \_\_\_\_\_, a minor, authorize  
(Child's Name)

Chehalis United Methodist Church staff, to consent to emergency care, an x-ray examination, laboratory test, anesthetic, medical or surgical procedure, or hospital care required by him/her while in the custody of Chehalis United Methodist Church VBS Staff, in an emergency for which I am unable to be reached to provide my consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine.

You are also authorized to release \_\_\_\_\_, to the custody of  
(Child's Name)

Chehalis United Methodist Church staff, upon the completion of medical care, if I am still unavailable.

**The following information is relevant to my child's health:**

Allergies: \_\_\_\_\_  
(to medications) (to food)

Medications currently taken: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**CONSENT TO USE PHOTOS AND VIDEOS:**

I hereby consent to the use of photos in which my child's face is recognizable (*but without name*); and/or video of my child, \_\_\_\_\_, with other children; taken during VBS August 7-11, 2017, and to be used only in the following ways which I approve (check all that apply):

- \_\_\_ to review or promote current and future VBS events on the \*churches' **websites**
- \_\_\_ to review or promote current and future VBS events in **printed materials**, such as \*church Newsletter, daily VBS take home newsletter, and brochure for next year's VBS.
- \_\_\_ church\* **facebook** posts during and after this event, or in invitation to next year's.
- \_\_\_ at \*church's **worship** service in review of the event
- \_\_\_ in a year-end **slide show** shown at the \*church only, reviewing events of the year with members.

\*church(es) refers to Chehalis and First United Methodist Church of Centralia only.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

Websites: <http://chehalisumc.org>; <http://centraliaumc.com>