

**REGISTRATION AND MEDICAL RELEASE FORM
ENGLISH LUTHERAN CHURCH
VACATION BIBLE SCHOOL
June 22-25, 2009**

HEALTH, EMERGENCY, AND AUTHORIZATION INFORMATION FORM

I understand and certify that my child's participation in English Lutheran Vacation Bible School program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Vacation Bible School events and programs and I acknowledge that although English Lutheran Church has taken safety measures to minimize the risk of injury, English Lutheran Church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the church's rules, regulations and procedures for the safety of participants. I waive any claim against English Lutheran Church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage. **This health history is correct so far as I know, and the person named on this form has permission to engage in all VBS activities except as noted.**

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the child. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of English Lutheran Church.

Signature of Child's Parent/Guardian Date

RETURN THIS FORM:

**English Lutheran Church 229 W. Main St. Ellsworth WI 54011
Include Registration Fee: \$10 per child or \$15 per family**

REGISTRATION

Child's Name _____
Last First MI

Preferred Name _____ Female Male

Telephone _____ Birth Date _____

Home Address _____

Street City State Zip

Grade this fall: Preschool _____ Pre-K(4yr old) _____ K _____

Parent/Guardian—In an emergency, notify:

Name _____ Telephone _____

Relationship _____

Parent location while child is at VBS _____

Who will be picking your child up? _____

HEALTH HISTORY

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Does the child have any physical condition requiring special care?

Please explain.

Does the child have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

Explain any activity restrictions:

Do you carry family medical/hospital insurance?

_____ Yes _____ No If so, indicate:

Carrier _____

Policy or Group # _____