

Camper Name: _____ DOB: _____ Emergency Number: _____

VACATION BIBLE SCHOOL REGISTRATION FORM

Contact Information Parent/Guardian with whom the Child lives would be #1 listed

Parent/Guardian #1

First _____ Last _____ Relationship to child _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Cell phone _____

E-mail _____

Parent/Guardian #2

First _____ Last _____ Relationship to child _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Cell phone _____

E-mail _____

Emergency Contact Information – Alternate Pickup/Release MUST BE LISTED/MUST PRESENT I.D.

Emergency Contact #1

First Name _____ Last Name _____ Phone _____

Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Phone _____

Email _____ Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical issues including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures). The purpose of the information listed below is to ensure that medical personnel have details of anything which may interfere with or alter treatment.

<u>Medical</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. **Parent's/Guardian's Initials** _____

I understand that Hosanna Lutheran Church and Lutherhill Ministries will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. **Parent's/Guardian's Initials** _____

Hosanna Lutheran Church and Lutherhill Ministries are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____