

Trinity Lutheran Vacation Bible School 2017
July 10th - 14th, 9:00AM-12:00PM

Registration Form
One for each participant, please.

Child's Full Name _____ Name to be called _____

Date of birth: _____ Age in years ____ Grade in school (grade for 16/17 school year) _____

Mother's Name: _____ Father's Name: _____

Address _____

Phone Number (home) _____ (work) _____ (cell) _____

Emergency Contact(s) (please include names, numbers, and relation to your child)

If your child will not go back to Trinity Lutheran Academy after the closing program each day, please list the people who have permission to pick up your child. **Please be sure to get a dismissal number upon turning in your registration form(s).**

Name _____ Phone # _____

Name _____ Phone # _____

Is there anything we should know about your child? (ex: this is his/her first experience away from home)

How did you learn about our VBS program?

Member ____ Trinity Lutheran Academy ____ Newspaper ____ Other ____

***EVERY child coming to Vacation Bible School MUST provide a copy of state form 3231 or Proof of Immunization.**

***Please fill out the Medical Information form and the attached Release.**

****If you are a student at Trinity Lutheran Academy, there is no need to attach form 3231 as we have this information on file.**

Emergency Medical Information Form

Child's Full Name: _____

EMERGENCY INFORMATION:

Health Insurance Co. _____

Policy # _____

Secondary Insurance (If applicable) _____

FAMILY DOCTOR or PEDIATRICIAN: _____

Phone number: _____

Medical History/Other Medical Information

Please circle "yes" or "no" to the following questions. If you can answer "yes" to any of the following, please explain.

Yes No Allergies? _____

Yes No Heart Condition? _____

Yes No Fainting? _____

Yes No Upset Stomach? _____

Yes No Allergic to Bee Sting? _____

Yes No Allergic to Medicines? Please name them: _____

Yes No Poison Ivy, Oak, Sumac? _____

Yes No Other Allergies? _____

Yes No Has your child had any serious illness or surgery recently (within the past three months)?

Yes No Does your child have any condition that would prevent him/her from participating in any VBS activities?

Yes No Is your child a diabetic? _____

Yes No Does your child have any sight or hearing impairment?

Date of last Tetanus _____

Yes No Does your child take daily medicines *that we would need to administer*? If so please name them and give specific, detailed instructions: _____

EVERY child attending Vacation Bible School MUST have state form 3231 or Proof of Immunization.

TRINITY LUTHERAN CHURCH

2535 Jefferson Road, Athens Georgia 30607

General Permission Slip and Medical Release for participation in Vacation Bible School

MEDICAL RELEASE: This is to certify that _____ is physically fit to participate in Vacation Bible School and has no communicable diseases to my knowledge. In the event I cannot be reached in an emergency, I hereby grant permission to the Vacation Bible School leaders to secure medical treatment for my child. I realize that, if necessary, the treatment may include an injection, anesthesia, or surgery.

As consideration for my child being permitted to participate in Vacation Bible School, I for myself, my spouse and children (if any), and our respective legal representative, heirs, executors, administrators and assigns, as the case may be (collectively, "I"), hereby release and forever discharge Trinity Lutheran Church, Athens, Georgia (the "Church"), and its members, directors, officers, employees, agents and representatives (the "Church Representatives") of and from any and every claim, demand, action or right of action, damage, cost or expense ("Claim") of whatever kind or nature, arising from or by reason of any bodily injury arising out of any activities that my child may engage in during my child's participation in the Church's Vacation Bible School program. I further release the Church and the Church Representatives from any Claim whatsoever arising out of any first aid, treatment or medical service rendered to my child in connection with any activities that my child may engage in during my child's participation in the Church's Vacation Bible School program.

I hereby assume full responsibility for the risk of death, bodily injury or property damage due to my child's participation in Vacation Bible School at the Church.

Signature of Parent/Legal Guardian

Date