

Vacation Bible School Registration Form

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Grade Just Completed		
()	()	()	()
Home Phone	Work Phone	Cell Phone	Cell Phone:
Address	Email Address		
City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to be photographed and those photographs to be used at the discretion of All Saints Lutheran Church for promotional items and advertising.

Parent's/Guardian's Signature _____ Date _____