

Child's First Name \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_\_

Grade for 04/05 School Year \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_

Food Allergies \_\_\_\_\_

Special Considerations \_\_\_\_\_

My child may be released to the following individuals: \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Are you interested in volunteering for VBS? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have a friend outside of LMCC that will be attending VBS? NO \_\_\_\_\_ YES \_\_\_\_\_

WHO \_\_\_\_\_

We will place friends together in crews!

### Permission & Emergency Release

WE/I \_\_\_\_\_, the parent (s) or legal guardian (s) of \_\_\_\_\_, certify that we/I have been informed and give consent that our/my child may participate in the June 14-18 VBS at **LMCC** and that this carries with it a certain degree of risk. We/I consent for my child to participate in these activities. I affirm that my child is physically fit and has the necessary skills to safely participate in outdoor and indoor play activity.

### Medical Treatment Authorization

I understand that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses incurred in this treatment. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above. I also give my permission for church leaders to restrict my child from participating in any activity if they should doubt my child's ability or safety while participating.

\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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