

Zion Lutheran Church Vacation Bible Adventure

Please complete the permission and medical information section on the back of this form.

Child's Name _____
Address _____

Child's Age ____ Birthdate _____
School _____
Grade (completed) _____
T Shirt Size (specify youth or adult) _____
Allergies: _____

Special precautions or treatments: _____

Chronic physical problems: _____

Medication currently being administered: _____

Are there any special instructions that you want noted regarding your child? _____

Child's Name _____
Address _____

Child's Age ____ Birthdate _____
School _____
Grade (completed) _____
T Shirt Size (specify youth or adult) _____
Allergies: _____

Special precautions or treatments: _____

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Child's Name _____
Address _____

Child's Age ____ Birthdate _____
School _____
Grade (completed) _____
T Shirt Size (specify youth or adult) _____
Allergies: _____

Special precautions or treatments: _____

Chronic physical problems: _____

Medication currently being administered: _____

Are there any special instructions that you want noted regarding your child? _____

Parent/Guardian Name _____
Address _____
Email _____
Cell Phone _____

Parent/Guardian Name _____
Address _____
Email _____
Cell Phone _____

Church where your family belongs: *(if any)* _____

In case of emergency, list a person to contact if you are unavailable (9 a.m.-12:30 p.m.):

Name _____
Address _____
Phone _____
Relationship _____

Please circle the days your child(ren) will be attending VBA:

Monday Tuesday Wednesday Thursday Friday

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EMERGENCY MEDICAL AUTHORIZATION

Student Names _____

Address _____ Telephone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for Children who become ill or injured while under Zion Lutheran Church Vacation Bible Adventure authority, when parents or guardians cannot be reached.

Part 1 or 2 must be completed

PART 1: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent or guardian) at _____ (phone #) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____ DATE _____

Do not complete Part 2 if you completed Part 1

PART 2: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury or the requirement of emergency treatment, I wish Zion Lutheran Vacation Bible Adventure authorities to take no action or to: _____

Signature of Parent or Guardian _____

Address _____ Date _____