

Living Christ Lutheran Church/Lutherdale

July 20-23, 2015 VBS REGISTRATION

Name: _____ Grade Completing _____

Address: _____

Birth Date: _____ Gender: _____

Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fee Paid \$ _____

I hereby enroll and give permission for my child to participate in the planned activities of Lutherdale VBS Ministry in partnership with Living Christ Lutheran Church. I understand I am responsible for transportation to and from VBS.

Signature of Parent/Guardian

Date

PICK-UP AUTHORIZATION

I hereby authorize the following adults to pick up my child from VBS:

Name	Phone number	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are any special instructions, or any persons who are never to be authorized to pick up your child, please list here:

Signature of Parent/Guardian: _____

**Please send completed registration and health forms
with a check for the registration cost of \$10 per child to:**

**Living Christ Lutheran Church
VBS Registration
1402 Arlington Drive
Hanover Park, IL 60133**

By Friday, May 29, 2015

Living Christ Church/Lutherdale

VBS REGISTRATION/HEALTH FORM

Must be Signed by a Parent/Guardian

NAME _____ GENDER: _____ BIRTHDATE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parent/Guardian Names _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

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Signature of Parent or Guardian

Date

If parent/guardians are not available in the event of an emergency, notify:

NAME _____ PHONE (____) _____ Cell Phone (____) _____

ADDRESS _____ RELATION TO CHILD: _____

Family Physician: _____ Phone: _____

Health Insurance Company _____ Policy # _____

HEALTH HISTORY (To be completed by parent or guardian)

1. Has the camper been subject to medical treatment for any of the following:

Diabetes	()	Ear Trouble	()	Seizures	()
Allergies	()	Poison Ivy	()	Throat or sinus	()
Asthma	()	Behavior	()	Bee Sting	()

Please explain any of the above _____

2. IMMUNIZATION RECORD (Give Dates)

Tetanus DPT _____ Polio _____ Mumps _____ Measles _____

3. ALLERGIES: (Please describe any conditions and treatments)

4. MEDICATIONS: give name, dose, schedule (medication must be brought in original prescription bottle).

5. Please explain conditions requiring medication or other condition requiring special care _____

PARENTAL AUTHORIZATION - In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians of the camper. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

PARENT/GUARDIAN SIGNATURE _____ DATE _____