

# LUTHERDALE VBS CAMP | JULY 16-19, 2018 | CHRIST LUTHERAN

## REGISTRATION FORM

Name: \_\_\_\_\_ Grade Completing \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
**Signature** of Parent/Guardian

\_\_\_\_\_  
Date

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### 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: \_\_\_\_\_

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### FIELD TRIP PERMISSION

I hereby give permission for my child to be taken on off-site field trips, either on foot or in an authorized vehicle, supervised by staff members of the Church. If a field trip is planned, I understand I will receive notification at least two days before the event, from the Church.

\_\_\_\_\_  
**Signature** of Parent/Guardian: \_\_\_\_\_

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### PHOTO RELEASE

I hereby grant permission for my child to be included in pictures, promotional material, website, social media and publications connected with Vacation Bible School at Christ Lutheran Church.

\_\_\_\_\_  
**Signature** of Parent/Guardian: \_\_\_\_\_

*Please fill out both sides of registration sheet.*

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## HEALTH FORM

*Must be signed by an Adult Guardian*

Name: \_\_\_\_\_ Grade Completing \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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: Drug name, dose, schedule (medication must be brought in original prescription package.  
Meds will ONLY be distributed by Church staff, NOT by Lutherdale Staff)

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 \_\_\_\_\_

Please return form to: Christ Lutheran Church, 425 Riverside Road, Belvidere, IL 61008