

VBS Registration

Last name: _____ First name: _____

Age: _____ Grade completed: _____

Date of birth: _____ Male Female

Street address _____

City: _____ State: _____ ZIP: _____

Email: _____

Home phone: _____ Cell phone: _____

Mother: _____ Father: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Home church: _____

How did you hear about our VBS? FBC Website, FBC Postcard, FBC Flyer, Facebook, Email,
 Friend/Family, Radio station, Other _____

Who did you come with? _____

Medical and Liability Release

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Forestville Baptist Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Forestville Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Forestville Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Parent/Guardian Name (print) _____

Date _____

Please turn over and complete side 2

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Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that are currently being taken.

Check the following areas of concern for this student.

If necessary, add another page with details:

1. Does your child have allergies to:

- pollens medications food insect bites other _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other _____

3. Date of last tetanus shot: _____

4. Does your child wear glasses contact lenses

5. Please list and explain any major illnesses the child experienced during the last year: _____

Additional comments: _____

Should this child's activities be restricted for any reason? Please explain: _____

Dismissal/Pickup

Please list the people who may pick up your child from VBS. Your child will only be released to those whose name is listed below.

Name:

Relationship to child:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |