

Parent's Name: _____

Address: _____

Telephone (H) _____ (W) _____

e-mail address: _____

In Case of Emergency: Name: _____

Phone: _____

Child's Name _____ Last Grade _____ Birthdate _____

Medical Concerns/Allergies _____ t-shirt size **Child S M L Adult S M L**

Child's Name _____ Last Grade _____ Birthdate _____

Medical Concerns/Allergies _____ t-shirt size **Child S M L Adult S M L**

Child's Name _____ Last Grade _____ Birthdate _____

Medical Concerns/Allergies _____ t-shirt size **Child S M L Adult S M L**

I _____ give permission for my child(ren) to participate in all Vacation Bible School activities at Christ Evangelical Lutheran Church unless otherwise noted. In the event I cannot be reached in an emergency, I hereby authorize VBS leaders to seek and authorize medical attention.

I give Christ Evangelical Lutheran Church permission to use, copyright, and publish any photograph or video in print or electronically, of my child(ren) taken during VBS for the purpose of publicity, advertising, or Web content without compensation.

(Parent Signature)

(Date)