

VBS Registration Form
St. Barnabas Episcopal Church

One per child

About your child

Child's name: _____

Street address: _____

City: _____ Zip: _____

Last grade completed: _____ Age: _____

Allergies / other conditions: _____

How we can reach you

Parent name: _____ Cell phone: _____

Daytime phone: _____

email: _____

Emergency contact (if different) _____

Relationship to child: _____ Cell phone: _____

I am interested in volunteering during the program

_____ I can
help in the classroom

_____ I can
help with snacks

I can help with crafts

I can help with games

VBS Parent/Guardian Permission Slip

One per child

Medical Release

I give my permission for my child, _____, to participate in **St. Barnabas Episcopal Church Vacation Bible School** the week of July 27-31st 2009.

I give my consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of _____ a minor, do hereby authorize **St. Barnabas Episcopal Church** as an agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: _____

And/or is taking the following medication on a regular basis: _____

Emergency contact info:

Parent Phone: _____ Alternate phone: _____

Parent Phone: _____ Alternate phone: _____

Alternate Contact: _____ phone: _____

Photo Release

It is the practice of St. Barnabas Episcopal Church to photograph children at Vacation Bible School and post their photographs on the church's website, Parish Hall bulletin board, and other promotional materials. We would like your permission to use these pictures and your child's name. We will never sell these pictures, and we will use them exclusively for the aforementioned purposes.

_____ Yes, I
grant permission to use photos of my child

_____ No, I
do NOT want my child's photo to be used

_____ Pleas
e do NOT take any photos of my child

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____