

VACATION BIBLE SCHOOL 2018

PARENTAL PERMISSION AND STUDENT INFORMATION

Student's Name Grade (entering Sept.) Date of Birth

Parent/Guardian's Name (Please print)

Home Address City State Zip

Home Phone Work Phone Cell Phone

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name Relationship to Child Phone

Name Relationship to Child Phone

MEDICAL INFORMATION

Allergies: (Should your child have food allergies, **please provide lunch and snacks**)

Physical concerns/limitations that you would like the staff to know about -

Medications your child takes that you would like the staff to know about:

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Name of Child's Doctor Telephone

Doctor's Address - Street City State Zip

In case of an emergency involving my child, I give permission for the Vacation Bible School staff to seek emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me.

I understand that all emergency and/or medical costs are my responsibility.

Signature _____

STUDENT RELEASE PICK UP POLICY

As parent/guardian, I understand that Vacation Bible School will begin at 8:30 a.m. and will end at 3:00 p.m. on Wednesday and Thursday and on Friday at about 5:00 p.m.

When I am unable to pick my child up, I give permission to the following people to pick up my child:

Name/Relationship Phone Number

Name/Relationship Phone Number

Name/Relationship Phone Number

As parent/guardian, I understand that I hold Union Church and their staff and volunteers harmless from any and all liability or claims which may arise out of or in connection with the Vacation Bible School pick up policy.

Signature_____

PHOTO/VIDEOTAPING RELEASE

During your child's attendance in Vacation Bible School photos and videos may be taken. Sometimes those photos will appear in the church bulletin or newsletter. I permit Union Church and Community Church of Walker to post photos including my child in the church bulletin or newsletter or in other church publications.

My child ___may ___may not be photographed/videotaped during Vacation Bible School.

As parent/guardian, I understand that I hold Union Church and their staff and volunteers harmless from any and all liability or claims which may arise out of or in connection with my child's being photographed or videotaped while participating in Vacation Bible School.

Signature_____

PERMISSION TO ATTEND AND RELEASE OF LIABILITY

I give my child permission to participate in Vacation Bible School and all activities on and off the premises - June 27th, 28th, and 29th 2018.

I understand Union Congregational Church, UCC and their staff and volunteers assume no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Union Church and their staff and volunteers harmless from any and all liability or claims which may arise out of my child's participation in the 2018 Vacation Bible School Program.

I agree to all statements on this form.

Signature of Parent/Guardian _____

Date _____

Please return the completed form to:

**Union VBS
PO Box 10
Hackensack MN 56452**

Please keep the following page for your information.

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Globe Trekkers Vacation Bible School 2018

Dear Parents and Guardians:

Vacation Bible School times -

Wednesday - 8:30 a.m. to 3:00 p.m.

Thursday - 8:30 a.m. to 3:00 p.m.

Friday - 8:30 a.m. to 5:00 p.m.

Friday program and snacks - 4:00 p.m. to 5:00 p.m.

There will be an opportunity for you to help offset our expenses for VBS at the program.

Please have your child bring the following items: bathing suit, hat, life jacket, sun screen, bug spray, fishing pole and water shoes. *NOTE: those going to Depp Portage will also need to wear shoes and socks.

Our Vacation Bible School Missions this year are: **Save the Pier, Heifer International, and Water Resources/Global Harvest International Agencies.**

Thank You,

Union Congregational Church, United Church of Christ

**In case of emergency during VBS, please contact
Jo Horak at 651-274-2145**

**** As a safety measure, life jacket *MUST* be worn for all water-related activities regardless of swimming ability.**