

EAST KOSHKONONG LUTHERAN CHURCH VBS DAY CAMP

REGISTRATION

Name: _____ Grade Completed _____

Address: _____

Parent or Guardian: _____

Home Phone: _____ Work Phone(s): _____

Birthdate: _____ Fee Paid \$ _____

I hereby enroll and give permission for my child to participate in the planned activities of East Koshkonong Lutheran Church Vacation Bible School. I understand I am responsible for transportation to and from East Koshkonong Lutheran Church.

Signature of Parent of Guardian

Date

PICK-UP AUTHORIZATION

I hereby authorize:

Name	Phone number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

to pick up my child from VBS being held at East Koshkonong Lutheran Church. If there are any changes in these arrangements, I will give advance written notice. 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: _____

**EAST KOSHKONONG LUTHERAN CHURCH
VBS DAY CAMP REGISTRATION/HEALTH FORM**

Must be Signed by a Parent/Guardian

NAME _____ SEX _____ BIRTHDATE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parent's Names _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

I hereby enroll and give permission for my child to participate in the planned activities of East Koshkonong Lutheran Church Vacation Bible School Ministry in partnership. I understand I am responsible for transportation to and from VBS Day Camp.

Signature of Parent or Guardian **Date**

If parents are not available in the event of an emergency, notify:

NAME _____ PHONE (____) _____ Cell Phone (____) _____

ADDRESS _____ RELATIONSHIP _____

Local 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: give name, dose, schedule (medication must be brought in original prescription bottle).

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 _____