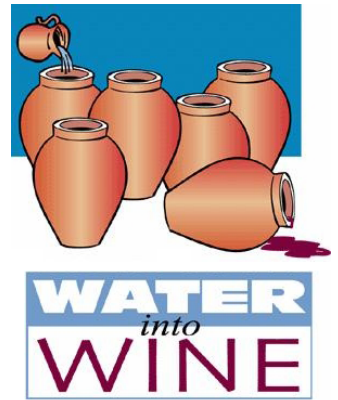




# Grace-St. Paul's UMC 2017 Vacation Bible School Registration Form



This parental consent form gives permission for my child to participate in Grace-St. Paul's UMC 2017 Vacation Bible School Program. (All portions of this form must be completed.)

***I give permission for my child to attend and participate in Water into Wine - Miracles of Jesus. July 17 - 21, 2017 6:00 PM - 8:00 PM. I also consent to allowing photographs/videos to be taken of my child during the program.***

Name of child \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Address \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

**My Child has the following physical condition that may require special attention:**

( ) Diabetes    ( ) Hyperventilation    ( ) Convulsions    ( ) Seizures    ( ) Allergies

( ) Other (please specify)

Please include specific information and instructions regarding all conditions and treatment.

**My Child requires the following special accommodations and has the following special accessibility needs.** Please be specific.

Medical Treatment Release and Liability Release: I hereby authorize persons affiliated with Grace-St. Paul's UMC to obtain and give consent for Emergency Care/Medical Treatment for my child in the event of injury or illness during this event and hereby hold those persons and their representatives harmless in the exercise of this authority.

It is my understanding that my child will be covered by my personal medical insurance.

Name of parent/guardian (please print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_