

## Waiver, Medical & Photo/Video Release Form

Activity: 2012 Vacation Bible School

Dates: July 16<sup>th</sup> – 20<sup>th</sup>, 2012

Please complete a separate form for each child.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Email address \_\_\_\_\_

Family Church: \_\_\_\_\_ Attends Sunday school: Yes \_\_\_\_\_ No \_\_\_\_\_

School: \_\_\_\_\_ Grade (Last Completed): \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

### Health Information

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any life-threatening allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

People who will be picking up your child: \_\_\_\_\_

I understand that precautions will be taken for the safety and health of my child, but in the event of accident or sickness, Historic St. Paul's Lutheran Church, its staff, and its volunteers are hereby released from any liability. In the event that my child requires special medication, x-rays or treatment, the church will notify me immediately.

Historic St. Paul's Lutheran Church is committed to safeguarding the information provided on registration forms. My information will not be shared with any organization beyond Historic St. Paul's Lutheran Church.

I hereby give permission for images of my child, captured during regular activities through video, photo and digital camera, to be used solely for the purposes of Historic St. Paul's promotional material, print and internet publications, and waive any rights of compensation or ownership thereto. Historic St. Paul's will never publish my child's name without my express permission.

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_