

Waiver, Medical & Photo/Video Release Form

Activity: 2010 Vacation Bible School

Date: August 16th – 19th, 2010

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: _____