



CHRIST CHURCH

10087 League Line Road

Conroe, Texas 77304

VBS Registration Information 832-233-7515



VACATION BIBLE SCHOOL REGISTRATION

REGISTRATION DATE: _____

FAMILY INFORMATION

Mother's Name _____ Father's Name _____
 Address _____ Home Phone # _____
 Mom's Cell # _____ Dad's Cell # _____
 Church Member Yes No E-Mail Address _____

CHILD INFORMATION

Child's Name _____ Boy Girl Age _____
 Date of Birth _____ Last School Grade Completed _____
 Food Allergies/Medical Concerns: Yes No Briefly explain here & please fill out Medical
 Consent on reverse side, or attach separate sheet: _____

EMERGENCY CONTACTS

Please list people to call in an emergency if you cannot be reached. Choose yes to "Pick Up" if they also have your permission to pick up your child from Christ Church. If the person picking up your child is not a parent, then a driver's license must be provided.

Name _____ Relationship _____ Ph # _____ Pick-Up Yes No
 Name _____ Relationship _____ Ph # _____ Pick-Up Yes No
 Name _____ Relationship _____ Ph # _____ Pick-Up Yes No

EMERGENCY RELEASE FORM

I (name of parent/guardian) _____ hereby authorize Christ Church to arrange and transport to the closest emergency care center for any emergency medical assistance needed by my child, _____, while attending Vacation Bible School held at Christ Church on July 14, 15, and 16, 2010.

I agree to hold the staff and Christ Church harmless from any injuries or illness incurred while attending this program.
Insurance Waiver Statement: Where no proof of insurance is established, parents and students must assume legal responsibilities for expenses incurred for injuries or illness to students that occur at Vacation Bible School.

I have read and understand the above.

Signature of Parent/Guardian

Date

MEDICAL CONSENT

MEDICAL MATTERS

I hereby warrant to the best of my knowledge that my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Hospital _____ Phone _____

MEDICATIONS

_____ Christ Church will **NOT** administer medication of any type, whether prescription or non-prescription unless the situation is life threatening and emergency treatment is required. (Please initial)

MEDICAL CONDITIONS INFORMATION

My son/daughter has: _____

Allergies (please write none if not applicable) _____

Has had surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet _____

List any physical limitations _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child:

INSURANCE INFORMATION

_____ No, I do not carry medical insurance at this time. (Please initial)

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number/Group #: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately.

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature of Parent/Guardian

Date