



**WESLEY UNITED METHODIST CHURCH
 OUR SAVIOR'S LUTHERAN CHURCH
 FIRST LUTHERAN CHURCH
 VACATION BIBLE SCHOOL
 REGISTRATION AND HEALTH HISTORY**
 (Required for participation)



Name _____ Gender _____
 Address _____ Birth Date _____ Grade completed _____
 City, State, Zip _____ Home Phone _____
 Parent/Guardian _____ Cell Phone _____
 Emergency Contact _____ Emergency Phone _____
 Health Insurance Co. _____ Policy No. _____

IMMUNIZATIONS (Give dates)

_____	DPT Series	_____	Polio Immunization
_____	Tetanus Booster	_____	Hepatitis B
_____	Haemophilus influenzae b (Hib)	_____	MMR (Measles, Mumps Rubella)

ALLERGIES

MEDICATIONS (List all medications currently in use)

LIST any illness, chronic condition, or physical consideration _____

ANY other concerns we should know about _____

I hereby enroll and give permission for my child to participate in the planned activities of VBS. I acknowledge the health of my child to be ready for VBS. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the VBS Leader to secure any medical or emergency treatment deemed necessary.

I also give permission for any photo or video taken of my child to be used by OSLC and/or other sponsoring organizations for promotional purposes (such as in newspapers, brochures or on electronic media) and/or historical records.

Parent or Guardian's Signature *(cannot attend unless this is signed)*

Date