



VBS Registration  
Completed Grades 1-5  
July 19-22, 2011  
9:00 am – 3:30 pm

Panda Mania VBS 2011  
Medical Release Form

Grade I just completed:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime email address: \_\_\_\_\_

Registration Fee: \$45  Cash  Check #: \_\_\_\_\_

I need childcare during the following times: (\$5.00 per day)

8:00 – 9:00 am  3:30 – 5:00 pm

Please note any allergies or other medical conditions below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

I hereby grant permission for my daughter/son to participate in the programs of Advent Lutheran Church through Vacation Bible School. I grant permission for my daughter/son to travel with the group under the supervision of an Advent Lutheran Church staff member and any other designated adult chaperones. I grant permission for these adults to take whatever steps may be necessary to obtain emergency medical care as warranted for the well-being of my daughter/son. I agree to cover the cost of the expenses that may have accumulated during the treatment of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Cell phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_  
(Your child cannot be treated without this number.)

Please list:  
Any medications: \_\_\_\_\_

Special diet concerns: \_\_\_\_\_

Any other health/medical concerns: \_\_\_\_\_

Hopefully, this form will never need to be used.  
It is in your child's best interest for us to have this form completed and readily available should a medical situation arise. Each person will need this form filled out in its entirety before they will be able to participate in ANY trip or event.

Please return this form the Church Office by July 1<sup>st</sup>.