Prairie View Christian Church

VBS REGISTRATION FORM

NAME:					
(LAST)		(FIRST)			
GRADE ENTERING IN FALL: A				T-SHIRT SIZE:	(YOUTH OR ADULT)
ADDRESS:	(STREET)				
(TOWN)	(STATE)			(ZIP)	
PHONE NUMBER:					
PLEASE LIST ANY FOOD OR DRUG AL	LERGIES:				
DOES YOUR CHILD CARRY AN EPI-PE	N?				
PLEASE LIST ANY MEDICATIONS YOU	R CHILD IS CURREN	ITLY TAK	(ING, INCLUE	DING DOSING IN	STRUCTIONS:
WILL YOUR CHILD BE BRINGING THE	SE MEDICATIONS (EPI-PEN, B	ENEDRYL, INHA	LER) TO VBS?	
(PLEASE HAVE ALL MEDICATION IN I NAME, NAME OF MEDICATION, AND			OR CLEARLY	MARKED WITH	THE CHILD'S
PLEASE LIST YOUR CHILD'S SPECIAL N ANYTHING ELSE WE MAY NEED TO K			-	DIETARY RESTR	ICTIONS OR

EMERGENCY MEDICAL CONSENT AND RELEASE:

I AUTHORIZE THE STAFF OF PRAIRIE VIEW CHRISTIAN CHURCH VBS TO ARRANGE EMERGENCY MEDICAL CARE TO PRESERVE THE HEALTH AND WELL-BEING OF THE ABOVE-MENTIONED STUDENT IF NEEDED. I RELEASE PRAIRIE VIEW CHRISTIAN CHURCH VBS STAFF, AND THE FACILITY, FROM ANY LIABILITY FROM ANY SUCH DECISION OR INJURY THAT OCCURS DURING VBS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR ANY COST ASSOCIATED WITH MEDICAL CARE.

PARENT/GUARDIAN SIGNATURE

EMERGENCY CONTACT(S):	
NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	
ADDRESS:	
NAME:	RELATIONSHIP TO CHILD:
PHONE NUMBER:	
ADDRESS:	
-	ITHORIZED PERSON WILL NEED TO SIGN YOUR CHILD
OUT EACH DAY)	
IS THERE ANYONE NOT AUTHORIZED TO PICK UP YC	OUR CHILD?
WILL YOUR CHILD BE WALKING TO/FROM VBS EACH	1 DAY?
STAFF USE:	
MEDICATIONS CHECKED IN MEDICATIO	ON CARD FILLED OUT
(PLACE IN BAGGIE WITH CAMPERS MEDICAL CARD FILLED OUT)	
APPLICATION REVIEWED FOR FOOD AND DRUG AL	LERGIES
APPLICATION REVIEWED FOR SPECIAL NEEDS	
NAME OF STAFF COMPLETING APPLICATION	