St. John's Summer VBS 2022

| Basic Information: | | |
|--------------------|----------------------|------|
| Child's Full Name: | | Age: |
| Birthdate | Parent/Guardian Name | |
| Email | Phone Number | |
| Cell Number | | |

| Medical Information: | | | |
|--|--|--|--|
| MSP Number Allergies: | | | |
| If your child requires any medication for allergies please list (epipen, inhaler, etc.) | | | |
| | | | |
| Please list any other health concerns that could jeopardize your child's safety | | | |
| | | | |
| | | | |
| VBS staff will not administer any medication except for extreme allergies with specific consent from the parent/guardian of the child. | | | |

| Emergency Contact Information: | | | | |
|---|-----------------------|-------|--|--|
| Primary Contact for Pick-up/dropoff and Emergency #1: | | | | |
| Name | Relationship to child | | | |
| Phone: Home | _Work | _Cell | | |
| | | | | |
| Secondary Contact for Pick-up/dropoff and Emergency #2: | | | | |
| Name | Relationship to child | | | |
| Phone: Home | _Work | _Cell | | |

Waiver of Liability:

I understand that my child will be cared for by church volunteers or employees with reasonable caution by these persons in charge to prevent injury. However, neither those employees or volunteers in charge, nor St. John's Presbyterian Church shall be held responsible for any accidental injury to any person, nor damage to any property. I understand that the participants may walk to the playground at White Rock Elementary, and I give permission for them to do so. I hereby authorize the staff and volunteers of St. John's Presbyterian to make any and all decisions regarding the emergency treatment of my child. I also hereby authorize the staff and volunteers of St. John's to take video and still photos of my child during camp. These videos and still pictures will be used internally. I, ______,

(parent/guardian) have read, understood, and agree with the above and hereby release and discharge all parties associated with this camp from any and all claims, demands, actions, and causes of action that I/we or my/our child(ren) incur(s).

Signature of Parent/Guardian: _____

Parent/Guardian Name Printed: _____

Date: _____

Please Email this form to stjohnsdaycamp@yahoo.com