

**Join us for Messiah
Lutheran Church &
School Community
Vacation Bible School,
July 30—August 3, 2018
9 am—Noon
Children ages 4-10**



\$20/child (covers the cost of a CD, all materials, and registration)
plus a donation of powdered lemonade or
package of cookies/crackers.

(Cash or check payable to “Messiah Lutheran Church”)

Child(ren) to be enrolled in Messiah Lutheran Church’s Vacation Bible School
(details below):

Child’s Name	Age/Birth Date	Grade for Fall 2018	VBS—\$20 each student

Photo Release:

I (parent) _____ give permission for photos to be taken of my child _____ during Vacation Bible School at Messiah Lutheran Church the week of July 30—August 3, 2018. I understand these photos may be used both within the church building and for publicity purposes, including but not limited to the church newsletters, website and social media pages. I understand that no child will ever be identified by name in a photo, and that any posts made online will be left “untagged” unless the parent chooses to do so through their own Facebook account.

Signature: _____ Date: _____

If you do not wish to have your child photographed, please initial here: _____

Vacation Bible School

Emergency Medical Authorization Form

In case of an emergency involving my child, please notify:
(Include area code, and indicate if Home, Cell or Business phone number.)

Mother's Name _____ Phone _____
Father's Name _____ Phone _____

If a parent cannot be reached, please notify:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

I hereby give consent for the following medical care providers to be called:

Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____
Specialist's Name _____ Phone _____
(indicate specialty)
Local Hospital Name _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (If you are registering multiple children, indicate for which child medical information is being provided.)

Check One

- ☐ My child(ren), _____, is (are) in good physical condition and can participate in the regular VBS/Camp activities.
- ☐ My child, _____ will have medication labeled with complete instructions in the VBS office. I give permission for the VBS/Camp director to administer _____.

Please provide administration directions and amounts. (medication)

Date _____ Signature _____
Parent / Guardian (circle one)

Address _____

Email address _____



Please send completed registration form to:

Messiah Lutheran Church

21485 Lorain Road, Fairview Park, OH 44126

Questions? Deaconess Jeanette Rebeck: djrebeck@roadrunner.com
or call the church office at 440-331-2405.