



Vacation Bible School

August 7th – 10th 2023 / 9am – 2pm

All 4k – 5th grade youth are welcome!

- Theme: **Stellar – Shine Jesus Light!**
- Time: 9am – 2pm
- Please bring a lunch. Two snacks will be served each day.

1. Name of participant _____ Birthdate _____
Grade in school _____ Male Female Shirt size _____

2. Name of participant _____ Birthdate _____
Grade in school _____ Male Female Shirt Size _____

3. Name of participant _____ Birthdate _____
Grade in school _____ Male Female Shirt Size _____

CONSENT

FOR USE OF PHOTOS/VIDEO/ OTHER MEDIA IN
PUBLICATIONS AND/OR ON THE INTERNET
Vernon Evangelical Lutheran Church

Dear faith partner of Vernon Evangelical Lutheran Church: In keeping with the trend toward digital media, we are going to publish most church activities on the Internet. We would like to seek your consent before posting media including your image online.

In order to include your image, we must have your signed permission. Please review the information.

For your protection and privacy, we ask your permission to use your image in publications and/or on the Internet, should we desire.

____ I give my permission to use my image on the Internet and/or in church publications.

____ I do not give my permission to use our image on the Internet or in church publications

Parent signature: _____

Vernon Evangelical Lutheran Church medical release & Permission Form

Mother's name _____ Best phone number _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Can you receive text _____

Father's name _____ Best phone number _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Can you receive text _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a
___ good swimmer ___ fair swimmer ___ non-swimmer
2. Does your child have allergies to
___ pollens ___ medications ___ food ___ insect bites

If So, What: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

___ asthma ___ epilepsy / seizure disorder ___ heart trouble ___ diabetes
___ frequently upset stomach ___ physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear ___ glasses ___ contact lenses

Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain.

