

Trinity

LUTHERAN CHURCH

Vacation Bible School
 June 28-July 2, 2010
 9:00 AM—12:30 PM



Child's Name: _____

Age: _____ Gender: Male _____ Female _____

Grade Completed (circle):

3yr old pre-K K 1st 2nd 3rd 4th 5th 6th

Address: _____

City: _____ State: _____ Zip: _____

Member of Trinity: Y/N

If no, Home Congregation: _____

Contacts:	Home Phone #	Work Phone #	Cell Phone #
Parent:			
Parent:			
Emergency: (Relation to child)			
Person who will pick up child daily:			

Special instruction/information: _____

Please return completed form to the Church Office

MEDICAL RELEASE FORM

Birth Date _____

**In the event that a parent / guardian or emergency contact cannot be reached, the adult advisors of Trinity Lutheran Church have my permission to take appropriate emergency medical action for my son or daughter, listed above.

Signature of Parent or Guardian _____ **Date** _____

Any known allergies

Medical Problems

Special Instructions and Current Medications

INSURANCE VERIFICATION

My son/daughter is adequately covered with accident and medical insurance under policies I already carry. The following information is the correct information to be used, if medical treatment for my son/daughter is necessary.

Insurance Company _____
Claims Address _____
Name of Company or Individual Providing Insurance _____

Policy Number (include Member and Group Number If Applicable)

Social Security Number of the Person Whose Name the Insurance is Filed Under:

Signature of Parent or Guardian _____ **Date** _____