



## VACATION BIBLE SCHOOL REGISTRATION FORM

(You can view our child protection policy at <http://fairhavenscommunitychurch.ca/who-are-we/structure/policies-and-procedures/reduce-the-risk-for-vulnera.html>)

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Address: \_\_\_\_\_

Food/Medication Allergies: \_\_\_\_\_

(Note: FHCC will not be responsible for the administration of any medication)

Does your child carry an EpiPen? Yes/No Child's Health Card #: \_\_\_\_\_

Is there anything that we need to know that would assist us in dealing with your child?

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email (for info on other church programs or events and/or link to VBS pictures)

\_\_\_\_\_

**Authorized person to pick up your child:** (if different from above): Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_ #:

**Emergency Contact** (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

### **Parental/Guardian Medical Consent:**

In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to FHCC to seek and authorize emergency medical care to be given to my child named above. Precautions are taken for the safety of your child, but in the event of accident or sickness, FHCC, its staff, and its volunteers are hereby released from any liability. In the event your child requires medical assistance parent/guardian will be notified immediately.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Media Release Consent:**

I, the parent/guardian give permission to FHCC for my child to be videotaped/photographed at VBS with the intent being that my child may receive photographs, CD, DVD and/or an on-line link following our event. In addition to this, we may use these photographs/video clips on our church website.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_