

**2017 VACATION BIBLE SCHOOL REGISTRATION  
AND MEDICAL RELEASE/PERMISSION FORM**

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone Contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Contact: \_\_\_\_\_

*In Case of Emergency Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_  
(Parent, Legal Guardian, or Spouse)

Address of above name: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Health Form**

Allergies/Special Health Concerns/Needs: \_\_\_\_\_  
\_\_\_\_\_

Medication(s) your child can **NOT** take: \_\_\_\_\_

Medication(s) your child is currently taking: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in Asbury United Methodist Church Vacation Bible School 2016, every reasonable effort will be made to contact the persons listed. If unsuccessful in said endeavor, consent/permission is given for treatment by medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteers associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by Asbury UMC for any

accident, injury, or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, who by law may do so, also authorize the participation of the subject of this form in all activities relating to Vacation Bible School. I understand that it is my responsibility to provide any updates to this information to Asbury UMC during my child's participation throughout the event.

I, the undersigned, who by law may do so, give Asbury UMC permission to use the participant's image in any publication materials that might be used to promote the ministry in the future.

I, the undersigned, who by law may do so, hereby release and discharge activity leaders, Circuit #SE 18, Asbury United Methodist Church Janesville, The Wisconsin Annual Conference, and The United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my child's participation in this activity or activities. I understand and acknowledge that by participating in this activity that I am in good physical condition and able to participate and understand that there is the possibility of illness or injury and so understand and assume the risk for such illness or injury by participation. I realize that I am ultimately responsible for paying any medical bills related to care, treatment, hospitalization, transportation or other related expenses.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Print Name: \_\_\_\_\_

Please print form, complete, sign and date, and deliver to:

Asbury United Methodist Church  
1810 Kellogg Ave.  
Janesville, WI 53546

Deadline for Registration: August 16, 2017