



**UPSIDE-DOWN
KIDDOWN**
VBS - JUNE 26-30
vintage church // 4:30 - 7:30PM

Name	
Birthday	
Age/Grade	
Parent/Guardian Name(s)	
Primary Phone Number	
Additional Phone Number	
Email Address	
Emergency Contact	Name: _____ Relationship to Child: _____
Emergency Contact Phone	
Allergies	
Info We Need to Know Re: Child	
Adults Permitted to Pick Up Child	
Requesting Scholarship?	
Photo Release (see handout)	

Important Notice Regarding Medical Permission

Please complete the medical permission form below.

Lawrence Memorial Hospital requires all permission forms for emergency medical treatment to be notarized. A notarized permission form must be on file with us by Monday, June 26.

The registration fee of **\$10/child (\$20 max/family)** should be attached to this enrollment form.
We accept cash or checks made out to **Vintage Church**.

Medical Permission Form

I hereby authorize the officials (staff /volunteers) of *Vintage Church* to give consent for my child _____ in the event of illness or injury. This authorization is effective from Monday, 6.26.17 through Friday, 6.30.17.

Current Medications and dosages (If none, write "none.")
Allergies (If none, write "none.")
Relevant Medical History (If none, write "none.")
Date of last tetanus shot if known:
Complete the following health care insurance info if applicable:
Policy Name Holder:
Policy Provider and Policy Number:
Medical Assistance Program Card Number:
Military Medical I.D. Number:

Parent or Guardian Signature Date

Douglas County Signed or attested before me on _____ by _____
MM/DD/YYYY Printed name of the notary

Notary Signature Title and Rank My appointment

Seal, if any:

Photo Release Form

I agree that _____ (child's name) may be photographed or videotaped during the week of VBS and that this photo/video may be used - without the participant's name included - by *Vintage Church* in publicity, i.e. brochures, internet postings, website postings and media contacts. I acknowledge that no further notice is needed by the church prior to the release of the photo/video.

Please initial by your appropriate photo release response:

Yes, I approve

No, I do not approve

I approve, but only for use of VBS large group photos that include no mention of children's names.