

# FISH LAKE LUTHERAN CHURCH VACATION BIBLE SCHOOL 2011

---

Name \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) Telephone Number(s) \_\_\_\_\_

Parent(s) Cell Phone Number(s) \_\_\_\_\_

Primary Physician's Name/Clinic/Phone Number \_\_\_\_\_

Insurance Carrier/Policy Number \_\_\_\_\_

Any health related issues you want us to be aware of (food or drug allergies, bee stings, ect.)

Healthcare requirements (inhaler, medications, ect.) \_\_\_\_\_

---

---

## **Consent for Emergency Medical Treatment:**

My permission is given for any emergency medical or surgical treatment as may be required for the minor (child's name) \_\_\_\_\_, while he/she is participating with Fish Lake Lutheran Church in the above activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child will be supervised by adults, members of Fish lake Lutheran Church, Harris, Minnesota. Although they are expected to do their normal best to chaperone and supervise these young people and are chosen with care for this responsibility, they have no formal training in childcare or security.

In exchange for this youth being permitted to participate in the above program, I release the church, it's officers, members, employees, and it's accompanying adults from any and all liability that may happen to this child or his/her family, heirs, or assigns for any injury that occurs during his/her participation. This release covers any physical or mental injury or property loss to any claimed negligence of the church, it's agents, officers, employees, accompanying adults, or any third party. I does **not** release anyone other than the above mentioned.

I understand that this is a legal and binding document, having full regard for this child's growth, development, and the hazards of life, I do hereby sign on his/her behalf.

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

\_\_\_\_\_  
Date