

Medications Currently Being Taken: _____

Description of any limitations or restrictions on activities: _____

Family Physician: _____ Phone: (__) _____

Family Dentist: _____ Phone: (__) _____

Medical Insurance Company: _____

Insurance ID Number: _____

Group ID Number: _____

Friend Request:

Preschoolers are grouped by age (4 year olds; 5 year olds); Those going into 1st-5th grades are grouped by grade. Some friend requests may be granted if you speak with Deaconess Barb, bherzinger@tlcvalpo.com.

I give my child permission to participate in Vacation Bible School at Trinity Lutheran Church, July 17-21, 2017. I acknowledge that although measures are taken to minimize the risk of injury to camp participants, Trinity Lutheran Church cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of following instructions of VBS leaders, rules, and procedures for the safety of all participants. I understand that parents are contacted in the event their child needs professional medical attention. In the event that I, or the emergency contact, cannot be reached in an emergency during VBS, I hereby give my permission to the physician or dentist selected by the adult sponsors to provide treatment deemed necessary for any condition arising during Vacation Bible School.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

I hereby give my consent to Trinity Lutheran Church for any photograph and likeness of myself and/or my child(ren) that is taken during Vacation Bible School to be used in its publications, including its website.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Please submit this form to Deaconess Barbara Herzinger via either method:

- Email to bherzinger@tlcvalpo.com
- Postal mail to:
Trinity Lutheran Church, c/o VBS 2016,
201 Washington St., Valparaiso, IN 46383