



**ATKINSON CONGREGATIONAL CHURCH
Vacation Bible Camp 2018: Shipwrecked
REGISTRATION, PERMISSION SLIP & MEDICAL RELEASE**

I give full permission for my child, _____, to attend Vacation Bible Camp at Atkinson Congregational Church on June 25-29, 2018, from 8:30 a.m. to 12:00 noon.

Child's Date of Birth _____ Address _____

Grade Completed by June 25 _____ Age _____ Gender _____

More than one child attending? Please fill out the following:

Additional Child's Date of Birth _____

Grade Completed by June 25 _____ Age _____ Gender _____

Parent Name _____ Home Phone _____ Work _____ Cell _____

In an emergency if I cannot be reached, the following person is authorized to act on my behalf:

Name _____ Phone # _____ Relationship _____

Person Responsible for pickup at end of each day:

Name _____ Phone # _____ Relationship _____

Please check off those applicable:

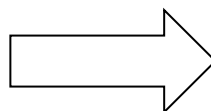
- My child is in good physical condition
- My child has certain health issues which may inhibit his/her ability to fully engage in certain activities (Please list any possible limitations on the back of the form)
- My child has a current tetanus shot

Allergies to Food _____

Allergies to Medicines _____

Allergies to Bee Stings _____

PLEASE FILL OUT INFORMATION ON THE NEXT PAGE



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Is your child taking any prescription or over-the-counter medication? Yes No

If yes, please list on the back (or sealed in an attached envelope) the medication and reason for taking it.

List medications your child may carry: _____

With the exception of inhalers, Epi pens, etc., we strongly discourage children from carrying medication at church events. If children or youth do need to carry medication, it must be in the original container and have with it a signed note from a parent and/or doctor stating doses and times when the medication is to be used, and it must be taken in the presence of adult staff/volunteers or the child's parent. Medications should never be shared with another child.

Permission/ Permits:

- Yes No I agree to allow photos of my child to be used in a church presentation or promotional materials (names will not be listed.)
- Yes No Permission is granted for the leader (who is certified in First Aid and CPR) or other supervising adult to administer first aid as deemed necessary, as well as the following (if checked):
 Benadryl Sun Screen Insect Repellent (with DEET)
- Yes No Permission is granted for this child to receive necessary treatment by a qualified EMT or physician in his/her office, a hospital emergency room or ambulance in the event of an accident, serious illness or injury.

Insurance:

Name of medical insurance carrier: _____

Policy Number: _____ Group # _____

Primary Care Physician _____ Phone # _____

By virtue of my signature below, I validate that the above information is correct, and I hereby hold harmless the Atkinson Congregational church, staff, workers and volunteers for any injury my child may receive while participating in Christian Education sponsored activities and programs.

Parent/Guardian Signature: _____ Date: _____

Cost is \$25 per child or \$40 per family, check payable to Atkinson Congregational Church. Please put VBC in the memo line. Need-based scholarships are available.

**Mail registration form and check to: Atkinson Congregational Church (VBC)
101 Main Street
Atkinson, NH 03811.**

For more information, please contact Patty Cole at 603-362-5519, or patty.cole@atkinsoncc.org