



Cave Quest: Following Jesus the Light of the Word
Vacation Bible School
 July 24th – 28th, 2017 9:00 am – Noon
 Groton Grange Hall, 80 Champney Street
 Hosted by Shepherd of the Valley Lutheran Church



Child's Name: _____ **Grade Completed:** _____
 Specify Pre-K, Grade (K-4)

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My child/children will be in attendance (please circle): ALL 5 DAYS OR ONLY ON: M T W TH F

Address: _____

Parent Name(s): _____

Parent Email(s): _____

Phone Numbers: Home# _____ Cell# _____ Work# _____

Home Church: _____

People Allowed to Pick Up My Child from the Program

Name, Phone, Relationship: _____

Name, Phone, Relationship: _____

Emergency Contacts (if different from above)

Name, Phone, Relationship: _____

Name, Phone, Relationship: _____

Health Information

List allergies or other pertinent medical issues AND instructions: _____

Medications currently taking: _____

My child's immunizations are up-to-date: Yes _____ No _____

Physician Name/Phone: _____

Any additional information we should know about your child? _____

Please print your name if you would like to help at the Snack Station or in another role:

My Name: _____

We also need donations of snacks and beverages. *If you can help with this, please circle which day is best for you to donate:* M T W TH F Any Day

Please return form by July 14th to our VBS Registrar: Ms. Cathy Drescher, 17 Willard St., Ayer MA 01432

Parent Signature _____ Date _____

Permission to Provide Medical Attention

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize Shepherd of the Valley Lutheran Church to transport my child to the nearest care facility or to _____.

I also authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia that may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization.

Parent/Guardian Signature _____ Date _____

Release Form

I _____ (parent or guardian) agree to release Shepherd of the Valley Lutheran Church, its successors, and assigns from all claims of loss, damage, or injury sustained by my child's/children's participation in Vacation Bible School, whether caused by the negligence of the church, its agents, employees or otherwise.

I further agree to indemnify said church, its successors, and assigns against any and all claims for such loss, damage, or injury sustained by the participation, whether caused by the negligence of the church or its officers, agents, employees, or otherwise.

Parent/Guardian Signature _____ Date _____

Photo/Publicity Release

Shepherd of the Valley Lutheran Church may have opportunities to publicize and promote its Vacation Bible School program to church members and to the public. In such case, photos, but no names, would be used. I give Shepherd of the Valley Lutheran Church permission to include my child/children in publicity and promotional materials.

Parent/Guardian Signature _____ Date _____

(Please complete both pages of this form)