



VACATION BIBLE SCHOOL 2019

Immanuel-Trinity Lutheran Church, 20 Wisconsin American Drive, Fond du Lac 54937
In partnership with Ascension Lutheran Church & First Presbyterian Church

Health & Medical Info/Release Photo/Video consent and Field Trip Consent for:

VBS Attendee Name: _____

Parent (s) Name: _____

Health Insurance Information

- Health Insurance Carrier & Phone Number: _____
- Name of Physician: _____ Physician Phone: _____

Medical Release

My child has permission to take part in all Vacation Bible School (VBS) activities including offsite activities under supervision and I agree that Immanuel-Trinity Lutheran Church, Ascension Lutheran Church, First Presbyterian, or their personnel, will not be held responsible for accidents or personal injury arising there from. If my child should require EMERGENCY medical treatment during VBS and my emergency contact and I cannot be reached, I hereby give permission to the VBS Coordinator to arrange necessary transportation and to secure proper treatment. The selected physician or medical personnel has/have my permission to hospitalize, to order injection, anesthesia, x-ray or surgery for my child, as named above. I further authorize the VBS Coordinator to administer over the counter drugs and medications as needed. I certify that my child is not allergic to any non-prescription medications not listed on registration form. I understand that Immanuel-Trinity Lutheran Church does not provide medical insurance.

Photo/Video Consent

I consent to the use of any photography and/or video of my child in current or future publications/presentations, newspapers and/or websites of Immanuel-Trinity Lutheran Church, Ascension Lutheran Church and/or First Presbyterian Church.

_____ Yes, I consent to use of photo & video. _____ No, I do NOT give consent.

Field Trip

I give permission for my child to participate in field trips requiring transportation via walking and/or bus during the week of VBS 2019. *Bus transportation will only apply to full-day attendees. Walking field trip could be for both half-day and full-day to visit Woodlands Senior Center.*

In consideration of my child's participation in VBS field trip activities, I hereby grant Immanuel-Trinity Lutheran Church, Ascension Lutheran Church, First Presbyterian Church, the East Central Synod of Wisconsin, the Evangelical Lutheran Church in America and their agents release of all legal and equitable claims, actions and suits that may arise as a result of the above named attendee's participation in planned program activities.

_____ Yes, I give permission for my child to participate. _____ No, I do NOT give permission.

PLEASE MAIL/DELIVER FORM TO IMMANUEL-TRINITY LUTHERAN CHURCH OR BRING TO FIRST DAY OF VBS AND TURN IN AT CHECK-IN TABLE IN THE MORNING.