



Dear Parent/Guardian:

Thank you for registering your child(ren) for **WEEK TWO** of Kingdom's Kids Camp (August 3-7th)! If you successfully registered, you should have an e-mail from **VBS Pro** in your inbox (be sure to check your spam and trash if its not right in your inbox). We are so excited to have your kids on campus with us and are working hard to make sure your child has an unforgettable week. Here are a few things we want you to know before you arrive on the 7th.

- Forms – Attached you will find all the paperwork to be filled out. **PLEASE NOTE: Paperwork is only valid if it is completed by a legal guardian.**

If you will be bringing a camper to KKC that you do not have legal guardianship over, or have temporary guardianship over; please provide either a letter from the legal guardian giving you permission to fill out paperwork on their behalf, or provide us with a copy of the court paperwork giving you temporary guardianship. The paperwork you'll need to fill out and provide to us are the following:

- Liability form
- Photo permission form
- Medication Administration form

If you have more than one child attending the camp, please fill out a separate form for each child. Once you complete your paperwork, you can send it to the address below or bring it with you to registration.

- Food – Every year we have at least a couple kids coming that have severe reactions to being exposed to certain foods. If you need to pack your child a lunch due to food allergies, please make sure it is completely nut and seed-free.
- Medications – If you are bringing medications with you that may need to be administered by a member of our staff, please make sure the medication is in its original container, clearly labeled in a plastic bag with the child's name on it.
- Items To Bring –Please make sure all items you bring are clearly labeled with your child's name in case they misplace it so we can return it to you:
 - Labeled Water Bottle
 - Sunscreen
 - Bug Spray/Wipes
 - Change of clothes & shoes (sandals or water shoes for getting wet in)
 - Towels

If you have any questions about any of these items, please feel free to send us an e-mail or give us call! Our staff are always ready and willing to answer questions.

UNION BAPTIST CHURCH

932 US Route 5, Waterford VT 05819

P/F: 802-748-5639 www.ubcstj.org ubc@ubcstj.org

Union Baptist Church

932 US RTE 5 Waterford, VT 05819
Church Phone & Fax: (802)748-5639
E-mail: ubc@ubcstj.org Website: www.ubcstj.org
Clifton Bullock, Senior Pastor
Seth Powers, Associate Pastor, CE/Youth/Family

CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, _____, participating the programs and activities involved with Kingdom's Kids Camp, at Union Baptist Church on **(please initial next to all that apply)**:

- June 22-26, 2020 (Week 1) _____
- August 3-7, 2020 (Week 2) _____

I certify that my child is able to participate in this activity. I realize my child will participate in activities in conjunction with other persons. I accept full responsibility for my child's actions, injuries to self or other persons, and damage to personal or Church properties.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERE TO. I do hereby agree to hold Union Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Vermont and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Parent or Guardian

Parent or Guardian

Date

Date

Parental Photo Consent Form for Children/Minors

Name of Organization: **Union Baptist Church**

Date and Time of Event (Please circle all dates that apply):

June 22-26, 2020

August 3-7, 2020

Name of Event & Event Location: **Kingdom's Kids Camp, Union Baptist Church**

Event Coordinator Name and Phone Number: **802-748-5639**

We recognize the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. As your child will be taking part in the event specified above, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- a record of the activity or the event
- publicity material for further activities or events on leaflets/websites/magazines

We will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

I consent to having my child photographed or recorded for this event.

Child's Name: _____

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian's Signature and Date: _____

(Optional) Consent of a Second Parent or Legal Guardian

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian's Signature and Date: _____

MEDICAL INFORMATION FORM & MEDICATION ADMINISTRATION PERMISSION SHEET

Parents/guardians requesting medication administration to their child while at Kingdom's Kids Camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Name of Child _____ Date of Birth ____/____/____

Today's Date ____/____/____ Medication Name _____

Controlled Drug? YES NO Dosage _____ Method _____

Time of Administration _____

Specific Instructions for Medication Administration:

Primary Care Physician/Pediatrician Information:

First Name _____ Last Name _____

Address _____ Town _____

Phone Number (____) _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO

Interactions with? YES NO If "yes" to any of the above, please explain

Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above.

Name of Entity: **Kingdom's Kids Camp** Today's Date ____/____/____

Child's Name _____ Address _____

Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____

Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication
