



# FIRST PRESBYTERIAN CHURCH VBS 2017

## July 10<sup>th</sup> – 14<sup>th</sup> – 9am to Noon

### Age 3\* through 5<sup>th</sup> Grade (2017-2018)

## Registration Deadline – June 13<sup>th</sup>

Registration Fee: \$10 Maximum Family Fee: \$30

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Child's Name	Date of Birth	Age	Grade in 2015-2016	Gender
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Address	City/State/Zip
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Phone	Email
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Parent or Legal Guardian	Phone during VBS
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Emergency Contact	Relationship to Child	Phone
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Is there any information you would like to share with us about your child?

### IMPORTANT NOTICE REGARDING MEDICAL PERMISSION FORM:

Please complete the medical permission form on the reverse side. **Lawrence Memorial Hospital requires that permission forms for emergency medical treatment be notarized.** A notary will be available the morning of VBS registration on Monday, July 10, or you may have the form notarized before it is submitted. A notarized medical permission form must be on file by Monday, July 10.

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<b>Parent or Legal Guardian Signature</b>	<b>Date</b>
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Please return forms to First Presbyterian Church \* 2415 Clinton Pkwy \* Lawrence, KS \* 66047 or drop off in the church office.  
If you have questions please contact Pastor Mary in the church office at 785-843-4171 or [fpcfamilies@sunflower.com](mailto:fpcfamilies@sunflower.com)

# FIRST PRESBYTERIAN CHURCH VACATION BIBLE SCHOOL 2017

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize the officials (staff and volunteers) of First Presbyterian Church to give consent for treatment for my child, \_\_\_\_\_ in the event of illness or injury. This authorization is effective from Monday, July 11, 2016 through Friday, July 15, 2016.

Current medications and dosages (If none, write "none".)

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Allergies (If none, write "none".)

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Medical History (If none, write "none".)

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Date of last tetanus shot, if known \_\_\_\_\_

**Complete the information below regarding health care insurance, if applicable:**

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_

Military Medical Care I.D. Number \_\_\_\_\_

Signature of Parent of Legal Guardian (notarization below required) \_\_\_\_\_ Date \_\_\_\_\_

State of Kansas

Douglas County

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
MM/DD/YYYY Name of Person

Seal, if any

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Title (and Rank)

My appointment expires: \_\_\_\_\_

# Please complete as appropriate and return by VBS Registration on Monday July 10<sup>th</sup>.

## Image Release for VBS 2017: Hero Central!

I understand that my child(ren)\* \_\_\_\_\_

\_\_\_\_\_ may be photographed during VBS, July 10 – 14, 2017 , participating in various VBS activities.

I authorize permission for photos of my child(ren) to be used in VBS morning slide shows, the Friday Finale, general worship settings, and church publications. I understand that no names of children will appear in the captions of the photos used.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\*(please list children for whom you are giving permission)

## Permission for Pick-Up by Someone Other than a Parent

- Please specify the day and give the name of the individual who will be asking for your child(ren).
- Please list all children being picked up.

My child(ren)\* will be picked up on the following days by the individual named below as noted on the days marked.

\_\_\_\_\_  
\*(Please list children for whom you are giving permission)

\_\_\_\_\_ Entire Week: \_\_\_\_\_

\_\_\_\_\_ Monday: \_\_\_\_\_

\_\_\_\_\_ Tuesday: \_\_\_\_\_

\_\_\_\_\_ Wednesday: \_\_\_\_\_

\_\_\_\_\_ Thursday: \_\_\_\_\_

\_\_\_\_\_ Friday: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)