

Dare to be Different
Vacation Bible School
August 6-9, 2018
The Church of the Resurrection,
Greenwood, SC

Return this form completed to Church
of the Resurrection, 700 South Main
Street, Greenwood, SC, 29646.
Dropbox available at south entrance.
Or email to Elizabeth Floyd:
elizabeth@episcopalgreenwood.org

Child's Full Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____

Grade (Fall 2018): _____ Home Phone: (____) _____

Parents' / Legal Guardians:

Name Email (____) _____
Best contact phone

Name Email (____) _____
Best contact phone

Primary Daytime Caregiver:

Name (____) _____
Best contact phone

Any additional emergency contact(s):

Name (____) _____
Best contact phone

Name (____) _____
Best contact phone

List this child's allergies, medications and/or other medical conditions:

Name of Child's Primary Physician: _____

Phone Number for Child's Primary Physician: (____) _____

Name of Medical Insurance Carrier: _____

Group/Plan Number: _____

Please print the full name of each individual who has your permission to pick up this child. Note that if a volunteer or staff member does not recognize the individual on sight, formal identification will be required to pick up this child.

Medical Treatment Permission, Waiver and Release

I, parent or legal guardian of _____ (child's full name), understand that reasonable safeguards will be taken to assure the safety of this child during the Vacation Bible School program, Dare to be Different, taking place on August 6-9, 2018. I hereby fully release and forever discharge the Episcopal Diocese of Upper South Carolina, the Church of the Resurrection of Greenwood, South Carolina, any of their agents, contractors, or employees, and any staff member or volunteer attending or supervising these events from any and all liability for any illness, accident or injury that this child may sustain while attending this event.

Should this child sustain any illness, accident, or injury while attending the afore-mentioned event, I give my permission for the staff members or volunteers to obtain medical treatment for this child. This authorization is given in advance of any specific diagnosis, treatment or hospital care required and is given to provide authority and power to render care as deemed advisable in the best judgment of any licensed medical personnel.

Parent or Legal Guardian's Name (print legibly)

Parent or Legal Guardian's Signature

Date