

Transportation Needed: Yes \_\_\_ No \_\_\_ Last grade completed \_\_\_ at \_\_\_\_\_

**Peaceable Kingdom VBS**

**July 29 – August 2, 9:00 am – 12:30 pm**

**Immanuel Lutheran Church and Church of the Resurrection Episcopal**

**VBS Location: 508 E. Creswell Ave. Greenwood, SC 29646**

**Contact: Lindsey Peralta, 864-941-6566 or Elizabeth Floyd, 864-223-5426**

**2019 FORMS ----- PERMISSION SLIP**

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_  
\_\_\_\_\_, to participate in all **activities/ travel**-leaving the  
Immanuel Lutheran Church campus **/photography/website/facebook release** the week of:

Peaceable Kingdom VBS 2019, July 29-August 2      \_\_\_ Yes / \_\_\_ No

I understand and agree that all photos taken during Peaceable Kingdom VBS will become the property of Immanuel Lutheran Church and Church of the Resurrection Episcopal and may be shared publicly on each organization's website and/or Facebook page.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**2019 FORMS ----- REGISTRATION**

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ [ ] Male [ ] Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

Primary Day-time Caregiver during the week of VBS: \_\_\_\_\_

Best Contact Phone Number for Camper's primary day-time caregiver during the week(s) of VBS:

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

Please fill out the Health History Form for each child attending on the **following pages. Initial here: \_\_\_\_\_ when complete.** Thank you, and we look forward to sharing this week at camp with your child/children.

# Peaceable Kingdom VBS July 29-August 2

9:00 am – 12:30 pm

Morning snacks will be provided daily.

VBS activities include singing, Bible study, outdoor recreation, games, and crafts

## 2019 FORMS -----HEALTH HISTORY

**Each camper must have a completed health form on file or CAMPER WILL NOT be admitted to Camp.**

### PLEASE PRINT

Full Name of Camper \_\_\_\_\_ (Last/ First /Middle Initial)

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Male [ ] Female

Camper's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If I cannot be reached in an emergency, call: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Information: Immanuel has secondary accident insurance

**The parent/legal guardian is responsible for all charges associated with an accident or illness.**

Carrier name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Holder's Social Security # \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

**Medical Release and Authorization For Treatment**

Peaceable Kingdom VBS is a partnership between Immanuel Lutheran Church and Church of the Resurrection. The undersigned, as parent/legal guardian of the camper, authorizes Immanuel and Church of the Resurrection and its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. VBS leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases Immanuel and Church of the Resurrection Episcopal and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connection with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp:

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\*Activities from which the camper should be exempted for health or other reasons:

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\* Allergies: Please list any allergies (food, medicine, insect stings, etc.):

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\* Asthma:  Severe  Moderate  Mild Triggers? \_\_\_\_\_

\* Nutritional/dietary restrictions: \_\_\_\_\_

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\* Diabetic?  No  Yes

\* Vegetarian?  No  Yes

\*Does camper know how to swim?  Yes  No  Somewhat

Camper Medications: **A first-aid kit will be present at all times. It does not contain medications:**

**IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS, PLEASE FILL OUT THE INFORMATION BELOW.**

All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival. I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. \_\_\_\_\_ Dosage \_\_\_\_\_ How often \_\_\_\_\_

Name of Med. \_\_\_\_\_ Dosage \_\_\_\_\_ How often \_\_\_\_\_

Any special information concerning this medication? \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT:** Parent's or Legal Guardian's Name \_\_\_\_\_

**Personal Information:** Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp?

\_\_\_\_\_

\_\_\_\_\_

Any emotional upsets? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child apprehensive about anything at camp? \_\_\_\_\_

\_\_\_\_\_

Any other suggestions or special information for the camp leaders? \_\_\_\_\_

\_\_\_\_\_