



2017 Vacation Bible Experience Registration

Date: _____

(These forms need to be submitted before your child attends so that any medical needs or personal needs can be met; you may drop them by the church office or email them to wbbcprograms@gmail.com)

Date: _____

Parent/Guardian Name (First & Last) _____

Address: _____ Apt. _____

City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Home Church: _____

Child #1 Name: _____ M __ F __ Age: _____ Bday: ____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs _____

Child #2 Name: _____ M __ F __ Age: _____ Bday: ____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs _____

Child #3 Name: _____ M __ F __ Age: _____ Bday: ____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs _____

Child #4 Name: _____ M __ F __ Age: _____ Bday: ____/____/____

Grade in Fall 2016: _____ Food Allergies/Special Needs _____

List of persons with parent's permission to pick up child:

_____ Relation to child _____

_____ Relation to child _____

_____ Relation to child _____

_____ Relation to child _____

Woodland Park Bible Church Medical Authorization Form

Primary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Secondary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Primary Doctor: _____ Phone #: _____

Medical Insurance Co. _____

Policy #: _____ Phone #: _____

Any specific instructions for physician or nurse concerning specific physical or mental conditions or medications:

Child #1 _____

Child #2 _____

Child #3 _____

I (we), the parents/guardians of _____, do hereby authorize Woodland Park Bible Church (WPBC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on the child's release form. This medical release will be kept on file at WPBC.

(Signature of parent/guardian)

(Date)

Photo Release

I give permission for any pictures or videos taken of my child to be used for the Woodland Park Bible Church promotional materials such as brochures/flyers, worship folder, newsletters, WPBC website, etc.

(Signature of parent/guardian)

(Date)