

Peace Lutheran Brethren 2242 Friendly Grove Rd. Olympia 943-3003
Directions: Take 26th St. NE - West to Friendly Grove Rd., turn South, Peace is on the left 1/2 mile down road.

**Medical Release Form
(Fill out once for family)**



**Rainforest Explorers
Vacation Bible School
Registration Form (Due July 25)**
Ages: (going into) Kinder through 6th Grade
August 1st – 5th 9:00-Noon
BBQ Program (Noon) & Hotdog Lunch
(12:45), July 30th

As Parent or legal guardian of the following child/children:

| Name(s) | Date of Birth |
|---------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Last Name _____

| First Names | Age | Grade Next Year |
|-------------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parents'/ Guardians' Names _____

Home Address _____

Home phone _____ Street _____ City _____ Zip _____
Work phone _____

Email _____

Brought by _____ Transportation Needed _____

Special Needs/Allergies/Info we might find helpful about your child

Name of church you attend _____

Parents/Guardians must sign in and out each day. To ensure your child's safety, he/she will only be released to you at the end of each session. If someone else will pick up your child, please notify us that morning.

Turn over to sign medical release on back of this page

I hereby release Peace Lutheran Brethren and those involved in organizing and implementing Vacation Bible School and Sunday School activities from any responsibility and/or liability in the case of an accident or injury incurred at Vacation Bible School or on Sundays, other than cases involving active negligence.

I hereby authorize any of the Peace Lutheran Brethren leaders, who are 18 years of age and older, to consent to any medical or surgical treatment of the above named child/children which such person deems advisable IN CASE OF EMERGENCY.

Emergency contact person if parent/guardian can't be reached
_____ Phone number _____

Health Insurance Company _____

Name of policyholder _____

Policy number _____

Please list any chronic illness or allergies of your child _____

Please list any medication taken _____

(parent signature)

(guardian signature)

Over