

Peace Lutheran Brethren 2242 Friendly Grove Rd. Olympia  
**Directions:** Take 26<sup>th</sup> St. NE - West to Friendly Grove Rd., turn South, Peace is on the left 1/2 mile down road. Contact: Mary Pierce @ 352-9956

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



**In Jesus the Victory Is Won  
Vacation Bible School  
Registration Form (Due August 14th)**  
Ages: (going into) Kinder through 6<sup>th</sup> Grade  
**August 21<sup>st</sup> – 25<sup>th</sup> 2017** 9:00-12:00 pm  
Program (12:10) & Hotdog Lunch (12:45), August 25<sup>th</sup>

Last Name \_\_\_\_\_

First Names	Age	Grade Next Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents'/ Guardians' Names \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home phone \_\_\_\_\_ 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.



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

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

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

