

VBS PARENT/GUARDIAN PERMISSION FORM

Name: _____

Address: _____

Email: _____ Zip _____

Home Phone: (_____) _____

Male _____ Female _____ Date of birth: _____

Church
Name: _____ Town: _____

Mother/Guardian Name: _____

Work Phone:(_____) _____ Cell Phone (_____) _____

Father/Guardian Name: _____

Work Phone:(_____) _____ Cell Phone (_____) _____

If parent/guardian is not available in an emergency, notify:

Name: _____

Phone:(_____) _____

Address: _____

Do you have family medical/hospital insurance? yes _____ no _____ If yes, indicate:

Carrier: _____

Policy or Group #: _____

Carrier address: _____

**THE OPPOSITE SIDE OF THIS FORM MUST BE SIGNED
BY PARENT OR GUARDIAN**

PARENT/GUARDIAN PERMISSION TO ATTEND AND PARTICIPATE

I understand and certify that my child's participation at VBS is completely voluntary.

I recognize that there are a wide variety of activities that will take place. I acknowledge that although the church has taken reasonable safety precautions, it cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for the safety of all.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by the VBS staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the VBS staff to secure and administer treatment, including hospitalization for my child.

Name of Parent/Guardian _____
Please Print

Signature of Parent/Guardian _____
Please Sign

Date: _____

Photo and Video Release: Because Calumet VBS campers present so many classic picture-taking opportunities, we may use a picture of your son/daughter in our promotional materials (print or web). Please contact Calumet in writing if you DO NOT want your child's picture used in Calumet or church materials.

2018 VBS Participant List

Name	M / F	Age	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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VBS – PARENT INFORMATION

We are very pleased that you have chosen to participate in a week of VBS at our church! We are confident that you will be pleased with your child's experience. The activities will be filled with fun, friends and faith. The staff is committed to being positive role models for your child. There will be opportunities for every child to grow in faith. We will take every step to make this a safe environment. There's no doubt about it - VBS is going to be the best week of your child's summer!

THINGS TO BRING:

Your child should come to camp dressed for indoor and outdoor activity. Sturdy sneakers are a must. In addition, your child should bring the following:

- lunch – including drink
- morning snack – including drink
- water bottle
- sweatshirt
- raincoat
- hat (a baseball cap or sun hat will be fine)
- extra set of clothes

DO NOT BRING:

- candy or gum
- cell phones, tablets, etc
- trading cards or electronic games

PARENTAL PERMISSION FORM: This form gives us emergency information and authorizes us to provide emergency treatment for your child.

PICK-UP AUTHORIZATION: We will only release your child to persons authorized by you in writing. Any arrangements, which are different from the initial authorization, must be made ahead of time in writing. Persons authorized by you must be prepared to present appropriate identification.

PARENTAL CONCERNS FORM: This form will help us to know your child prior to arrival. Please indicate all allergies, restrictions and concerns.

ORDERS FOR MEDICATIONS: If your child must take medication during the day, please provide the medication daily. All medications must be in their original prescription container. One person from church will be designated to handle these medications.

RULES FOR ACCEPTANCE: Admission is on a first-come, first-serve basis, without regard to race, creed, color, religion, or national origin.

IF YOUR CHILD IS TO BE ABSENT, LATE OR NEEDS TO BE PICKED UP EARLY: We need to be notified... please let us know in advance. Thank you!

We are confident that this will be a great experience for your child. Please do not hesitate to contact us any time you may have questions or concerns.

PARENTAL CONCERNS FORM

Name of child: _____

Age: _____ Male Female Grade Completed: _____

Name of Parent /Guardian: _____

Medical concerns:

Allergies:

Restrictions:

Other concerns:

Things we feel deserve special attention are:

Child is a vegetarian: YES NO

Child has a milk allergy: YES NO

Child is on a special diet: YES NO

If yes please explain on a separate piece of paper.

PARENTAL PICK-UP AUTHORIZATION

Camper's name: _____

IN THE EVENT OF AN EMERGENCY:

Parent contact name and phone: _____

Phone (_____) _____ - _____ cell (_____) _____ - _____

Alternate contact name and phone: _____

Phone (_____) _____ - _____ cell (_____) _____ - _____

MY CHILD WILL BE PICKED UP DAILY BY ONE OF THE FOLLOWING PEOPLE:

1) _____
(please include parent/guardian(s) names)

2) _____

3) _____

4) _____

SPECIAL NOTE:

The following person is **never** to be authorized to pick up my child:

Name: _____

*Please attach copies of any court papers or documents related to custody rights of parents / guardians.

Parent/guardian sign here before returning this form to camp. Children must have the permission of their parent/guardian in order to be released to go home from Calumet each day. If you car pool or if a change needs to be made, we will be happy to make adjustments.



Signature of parent/guardian

Signature of person picking up camper

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____

