

SCHOOL GRADE IN FALL _____

ROOM NUMBER _____
(office use only)

HOLY CROSS LUTHERAN CHURCH VACATION BIBLE SCHOOL July 19-23, 2010

Holy Cross VBS Parental Consent
And Medical Information
ONE CHILD PER FORM, PLEASE!

Our son/daughter, _____, has my/our permission to participate in Holy Cross Lutheran Church's 2010 Vacation Bible School program.

- In the event my/our child becomes ill or sustains an injury while in the care of representatives of Holy Cross, they are given permission to administer first aid for his/her relief. I/we also give my/our consent for any licensed physician, surgeon and/or emergency medical technician to administer treatment as indicated in an emergency situation.
- I/We agree to hold Holy Cross Lutheran Church and Holy Cross representatives harmless from any and all liability that may be incurred as a result of a medical emergency, or in the transportation connected with the activity.
- I/We understand it is my/our responsibility to apply sunscreen to my/our child's skin before outdoor playground activities and will not hold Holy Cross Lutheran Church or Holy Cross representatives liable in the event my child becomes sunburned.
- Known allergies _____ Life threatening (YES) (NO)
- Routine medication _____
- Physical limitations/activity restrictions _____
- I/We authorize the discreet utilization of any videos, photographs and/or visual depictions of my/our child/children for the limited purpose of promotional publicity for Holy Cross Lutheran Church Vacation Bible School as well as H.C.L.C. youth activities in general.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Emergency Phone _____