

GRACE LUTHERAN CHURCH
2825 Alameda de las Pulgas -- San Mateo, CA 94403
(650) 345-9068 / (650) 345-9082

VACATION BIBLE SCHOOL REGISTRATION

Child's Name: _____

Birthdate: _____ **Grade in Fall:** _____

Parent/Guardian Name: _____

Address: _____

Email Address: _____

Allergies/Medical Conditions: _____

In case of emergency, contact the following:

First person to contact	Relationship	Phone #	Cell Phone #
Second person to contact	Relationship	Phone #	Cell Phone #
Third person to contact	Relationship	Phone #	Cell Phone #

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____, a minor, I hereby authorize the Vacation Bible School Director or her designee, into whose care the aforementioned minor child has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician or dentist may deem necessary.

I understand that Grace Lutheran Church, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT OR GUARDIAN: _____
DATE: _____