**St. Isidore the Farmer Catholic Church VBS Registration Form**

**VBS** June 14th 9am – 12pm

June 15th 9am-12pm The Eucharist and the Holy Face of Jesus

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| Child 1:  Name: | |
| Age/Birthdate: | Allergies/Medical Concerns: |

|  |  |
| --- | --- |
| Child 2:  Name: | |
| Age/Birthdate: | Allergies/Medical Concerns: |

|  |  |
| --- | --- |
| Child 3:  Name: | |
| Age/Birthdate: | Allergies/Medical Concerns: |

**Parent/Guardian Name(s):**

**Address:**

**City:**

**State:**

**Zip:**

**Phone #:**

**Secondary Phone #: Email Address:**

**EmergencyContact Name: Phone #:**

I do not give consent for my child’s photo to be posted in the church, the bulletin or on the website.

*Please see reverse*

**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached*.

In the event reasonable attempts to contact me at (phone #) have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician)

Dr. at phone # or (Dentist) `Dr. at phone# , or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) or any other hospital reasonably accessible.

Facts concerning the child’s medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

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I do not give consent for church authorities to contact any medical professionals in the event of an emergency.

Parent/Guardian Signature:  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_