



GALACTIC STARVEYORS



RIVERSIDE VBS JULY 10 - 14, 2017 REGISTRATION AND CONSENT FORM

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Riverside Community Church. Any medical information collected here serves to authorize Riverside Community Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Child's Name: _____

Parent/Guardian Name: _____

Age: _____ Birth Date: _____ Grade in September: _____

Address: _____

Who may pick up your child at the end of each VBS day?

Phone Numbers:

Home: _____ Cell: _____

Work: _____ Email: _____

Health Card Number: _____

Family Doctor: _____ Phone (____) _____

Medical Information:

Does your child have any allergies? YES _____ NO _____

If yes, please explain: _____

Is your child bringing any medication with him or her? (ie. EPI-PEN, inhaler) YES _____ NO _____

If yes, please explain: _____

PLEASE CONTINUE ON BACK →

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES _____ NO _____

If yes, please explain: _____

In case of emergency, contact: _____

Relationship: _____ Phone (_____) _____

Photo Consent:

I, _____, hereby grant Riverside Community Church, it's Staff and Approved Volunteers permission to photograph, videotape or audiotape my child within its programs and activities for brochures/promotional material, website, church, newsletters.

Parent/Guardian's Signature: _____ **Date:** _____

Printed Name: _____

Medical Consent:

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

I/we, the parents or guardians named above, authorize one of the Riverside Community Church Ministry Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant named above.

I/we named above, undertake and agree to indemnify and hold blameless the Pastor, the Ministry Staff, Riverside Community Church, its Pastors and Church Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Riverside Community Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in Vacation Bible School at Riverside Community Church. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

I have read, understood and agree with the above and sign it to cover Vacation Bible School for July 2017.

Parent/Guardian's Signature: _____ **Date:** _____

Printed Name: _____

