



(One form per child, please)

Student Name: _____

Age: _____ Gender: M F Grade just finished: _____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

Parent Name (first and last): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Siblings attending VBS: _____

Persons allowed to pick up (first and last name): _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

Transportation: VBS Leaders also have permission to transport students via Privately Owned Vehicle (POV) or the Trinity Lutheran's Church Van; 6th grade and above.

Parent Signature Date



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