

St. John Lutheran and St. Andrew Lutheran Vacation Bible School Registration Form

(Completed forms may be dropped off at the church,
mailed to St. John, P.O. Box 176, Keystone,
or scanned back via e-mail to stjnluth@netins.net)

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Birthday: _____ Grade Entering in the Fall: _____

Home Congregation: _____

Parent(s): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I hereby enroll and give permission for my child to participate in the activities planned at St. John/St. Andrew Lutheran Church Vacation Bible School. I understand that I am responsible for transportation to and from St. John Lutheran Church in Keystone.

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Photo Permission

I hereby do / do not (please check) give permission for images of my child(ren), captured during Vacation Bible School held at St. John Lutheran Church in Keystone, Iowa through video, photo, or digital camera to be used solely for the purposes of St. John/St. Andrew Lutheran Church for promotional material, publications, and social media.

Signed:

Parent of Guardian Signature

Date

Vacation Bible School Health Form

All information is confidential.
Full disclosure must be made regarding
any Physical, Social and/or
Psychological conditions.

First Name _____ Last Name _____
Birthday ___ / ___ / ___ Age ___ Grade Completed ___ Gender _____
Address _____ Information Provided By: _____
City _____ State _____ Zip _____ Home Phone _____
Parent 1 First Name _____ Last Name _____ Cell _____ Work _____
Parent 2 First Name _____ Last Name _____ Cell _____ Work _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone _____ Cell _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Pharmacist _____ Phone _____

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:

Insurance Carrier _____ Policy # _____
Insurance Phone Number To Call (if applicable) _____

PHYSICAL AND HEALTH HISTORY: Date of Last Physical ___ / ___ / ___

List any medical concerns over the last 2 years that we should be aware of, i.e.: Ear infection, Surgeries, Psychological, Heart Condition, Convulsions/Seizures, Blood Disorders, Hypertension, Mono, Broken Bones hospitalizations etc.

Other information we need to know? _____

ALLERGIES: Hay Fever Poison Ivy Insect Stings Food: _____
 Asthma Penicillin Other Drugs: _____

Medications Brought To VBS: _____

Notes on Giving: _____

Acetaminophen, Ibuprofen, antacids, anti-diarrhea medication, and first aid: **MAY / MAY NOT (CIRCLE ONE)** be administered to my child, as needed, by designated staff members.

IMMUNIZATION HISTORY: (dates of last boosters)

Tétanos ___ / ___ / ___ Oral Polio (Sabin) TOPV ___ / ___ / ___ Injectable Polio (Salk) ___ / ___ / ___
MMR ___ / ___ / ___ Hepatitis B ___ / ___ / ___ HIB ___ / ___ / ___ Tuberculin Test ___ / ___ / ___

AUTHORIZATIONS:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except if noted above. In the event of an emergency where I cannot be reached, I give permission to the staff to order x-rays, routine tests and treatment and I give permission to transport, hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

Signature of Parent/Guardian _____

Who's Picking Up Your Child?

St. John and St. Andrew Lutheran Church
Vacation Bible School
July 28th through August 1st, 2024

Child's Name: _____

Parent's Name: _____

Adults Authorized to Pick Up Child:

Please list the name of those persons you authorize to pick up your child
(including your own if appropriate)

1. _____
2. _____
3. _____

Signature of the above Named Parent

Date

Check Out—Sign Out

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____