



Zion Lutheran VBS 2019

RETURN THIS FORM TO
ZION BY THE FIRST DAY OF
Vacation Bible School

JULY 21, 2019

REGISTRATION AND HEALTH HISTORY FORM

Wisconsin State Health Code – State law requires that this form, completed and signed, be on file at the day camp in order for the participant to attend.

NAME _____ Grade (Fall'19) _____ Male Female
 Birthdate _____ Current Age _____ Program and Week Attending: Zion Lutheran VBS July 22-25, 2019
 Address _____ City _____ State _____ Zip _____
 Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
 Parent/Guardian Name(s) _____
 Parent/Guardian address (if different from camper) _____

<p>Health History If none apply, check here <input type="checkbox"/></p> <p>Diseases/Conditions: <i>(Please list approximate dates.)</i></p> <p><input type="checkbox"/> Ear infections _____ <input type="checkbox"/> Heart Condition(s) _____ <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Bleeding Disorders _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> MMR illness? _____ <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Hepatitis _____ <input type="checkbox"/> Fractures _____ <input type="checkbox"/> Operations _____ <input type="checkbox"/> Other _____</p>	<p>Medical Allergies If none apply, check here <input type="checkbox"/></p> <p><u>Life Threatening?</u></p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Emergency Information Emergency Contact Person - <i>If Mom or Dad cannot be reached.</i></p> <p>_____</p> <p>Phone (_____) _____</p> <p>Family Doctor _____ Clinic _____ Phone (_____) _____</p>
	<p>Food Allergies If none apply, check here <input type="checkbox"/></p> <p><u>Life Threatening?</u></p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eggs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seafood <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Peanuts <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gluten <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other foods: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Immunizations Is your student up to date on all immunizations</p> <p>Yes _____ No _____</p> <p>Please list any chronic condition which may affect camper, any restrictions or limitations, or attach a detailed description with directions for care:</p> <p>_____ _____ _____</p>

Parent/Guardian Authorization: This health form is correct as far as I know and the person herein described has my permission to engage in all activities, except those noted on this form. If I cannot be reached in the event of a medical emergency, I give my permission to the health care provider selected by the church to give necessary medical treatment to the person listed above.

Medical Release: In consideration of acceptance to Zion Lutheran Church, I indemnify and hold harmless Zion Lutheran Church, its owners, agents, associates, and staff from any and all liability, claims, damage, injury or illness sustained by my camper.

Parent/Guardian Signature *(required)*: _____ **Date:** _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in Zion Lutheran promotional materials or publications (including weekly Facebook.) I understand Zion will not use my child's name or personal information. Yes No _____ **Initials**

Insurance Policy: I understand that the church insurance policy is strictly secondary coverage. _____ **Initials**



(Complete this permission slip if your child will be participating in any field trips away from the main VBS site.)

My Child, _____, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by the church.

Parent or guardians printed name: _____

Parent or guardian's signature _____ Date _____

Dates of VBS : July 22, 23, 23, 25, 2019

Church : Zion Lutheran Church, Galesville, WI