



VACATION BIBLE SCHOOL
St. Peter's Lutheran Church
June 19-23, 2017
9:00-12:00
Ages 4 –Rising 3rd Graders

PLEASE PRINT
One form per child

Child's Name _____

Age _____ Date of Birth _____ Gender _____

Upcoming School Grade _____ T-Shirt Size _____

Name of Parent(s) _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Home Church _____

Allergies or other medical conditions _____

In case of emergency, contact _____

Relationship to Child _____

Emergency Telephone Number _____

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of St. Peter's Lutheran Church Vacation Bible School Staff and I am not reasonably available by telephone to give consent.

This authorization is effective from June 19 to June 23, 2017.

Signature of Parent or Legal Guardian

Witness Signature

Witness Name (Please print)

Return this form and the Photo Release Form
to the attention of
Karen Gluntz, VBS Director
St. Peter's Lutheran Church
65 Crooked Oak Drive, Pawleys Island, SC 29585
Church fax # 843-237-2645

For questions, contact
kmgluntz@aol.com or 843-446-7704 (Karen's Cell)
VBS Limited to 60 Children

REGISTRATION DEADLINE MAY 22, 2017