

St. Mary's and St. Peter's VACATION BIBLE SCHOOL

Registration and Permission Forms

Registration Fee: \$5.00 (payable to St. Peter's Episcopal or St. Mary's Episcopal)

Mail to: St. Peter's Episcopal Church, P. O. Box 937, Brenham, TX 77834-0937
979-836-7248

Participant's

Name _____

Goes by (name) _____ Male _____ Female _____

Date Of Birth _____ Age _____ Grade (next Fall 2008) _____

Church Name _____ City _____

Home Address _____

City _____ Zip _____

Home Ph.# _____

Email _____

Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____

If unavailable in emergency, notify _____

Phone _____

Allergies to medications and reaction _____

Other Allergies _____

Medications sent with participant _____

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label. The event nurse will keep and distribute all medications during the event. Please notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3 weeks prior to this event. Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over the counter medications that the participant should not receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.) _____

Insurance Co. _____

Policy # _____

Group# _____

Insurance Co. Phone _____

MUST SIGN FORM ON BACK

Event Permission Form

My Child, _____, has my permission to attend and to participate in the St. Mary's and St. Peter's Vacation Bible School, July 21-24 sponsored by St. Mary's Episcopal Church, Bellville, and St. Peter's Episcopal Church, Brenham. I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Custodial Parent or Legal Guardian Signature: _____ Date _____
(faxed signature acceptable)

Relationship to Participant: _____