



**AUGUST  
19-23  
9:00am-  
12:00  
noon**

*A Joint Ministry  
of  
St. Andrew's  
Presbyterian Church,  
St. Paul's  
and  
Trinity United  
Churches*

**VACATION BIBLE SCHOOL**  
will be held at  
**St. Paul's United Church**  
178 Church Street  
Bowmanville

**Campers - Grades: JK – 6  
Junior Leaders - Grades: 7-12**

**REGISTRATION, AUTHORIZATION &  
MEDICAL CONSENT FORM**

*(Please complete both sides of form. One form per child)*

*Information received is confidential and is being gathered for the purpose of serving your child while in the care of Vacation Bible School. Any medical information collected here serves to authorize VBS staff and volunteers, to obtain medical assistance in emergencies.*

CAMPER'S NAME: \_\_\_\_\_ PREFERRED PRONOUN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ LAST SCHOOL GRADE COMPLETED: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ PARENT'S CELL : \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Please list any allergies (including food allergies) the VBS staff should be aware of:

**IN CASE OF EMERGENCY** (when the parent/guardian cannot be reached) **please contact:**

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL, MENTAL, BEHAVIOURAL CONCERNS OR LIMITATIONS THAT WE SHOULD BE AWARE OF?    ☐    YES    ☐    NO

If yes, please explain:

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Is your Camper bringing any medication with him/her?    ☐    YES    ☐    NO

If yes, please list: \_\_\_\_\_

The safety of your Camper is our primary concern. Precautions will be taken for their well being and protection.

I/we, the parents or guardians named below authorize VBS Personnel to sign consent for medical treatment and authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, St. Paul's, Trinity United Church and St. Andrew's Presbyterian Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of VBS, as well as of any medical treatment authorized by the supervising individuals representing VBS. This consent and authorization is effective only when participating in or traveling to events sponsored by VBS.

Please sign below to grant permission for the reasonable use of pictures containing your Camper in any of the following ways: brochures/promotional material, website/social media, videotaping, organization and/or newsletters.

VBS is collecting and retaining this personal information for the purpose of enrolling your child in our program, to assign the Camper to the appropriate classes, to develop and nurture ongoing relationships with you and your child and to inform you of program updates and upcoming opportunities at our churches. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

HOME CONGREGATION (if any): \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP THIS CHILD AT THE END OF EACH VBS DAY:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

*\* Please note that for about 20 minutes each day, (weather permitting) campers will be leaving the St. Paul's property to play games at Central Public School or Lions Playground.*

*I have read, understood and agree with the above and sign it to cover VBS activities, August 19-23, 2019*

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Signature of parent/guardian

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Date