

# Christ the Servant Parish Vacation Bible School



## Registration 2016

Date: July 25-29, 2016 (Time: 6-8:30 PM)

All are welcome from Preschool Age 4 – Grade 5

**PLEASE PRINT** the following information:

Parent name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

We are registered members of Christ the Servant Parish.  **Yes**  **NO**

We would like to register as a member of the parish.

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**1st child** \_\_\_\_\_ Age \_\_\_\_\_

Grade in the fall \_\_\_\_\_

**2nd Child:** \_\_\_\_\_ **Age** \_\_\_\_\_

Grade in the fall \_\_\_\_\_

**Third Child:** \_\_\_\_\_ **Age** \_\_\_\_\_

Grade in the fall \_\_\_\_\_

**Fourth Child:** \_\_\_\_\_ **Age** \_\_\_\_\_

Grade in the fall \_\_\_\_\_

**I can help by:**  **volunteering my time**  **decorating/preparing materials**

**Available: (Please circle) SUN M T W TH F**

### Bible School Registration fee

**Cost: \$ 5.00 donation**

**Please send registration to: Our Lady of Peace School Office or Christ the Servant Parish, 833 39<sup>th</sup> St. NW, Canton, OH 44709. Make checks payable to: Christ the Servant Parish.**

**Registration is due Monday, July 18, 2016. Call (330 492-0757) for more information.**

# Christ the Servant Parish Bible School Emergency Medical Form 2016

Please **PRINT** the following information

Student's name \_\_\_\_\_

Parent(s)/Guardians name(s) \_\_\_\_\_

Phone number where parents can be reached during Bible School):

Name \_\_\_\_\_ phone number \_\_\_\_\_

Name \_\_\_\_\_ phone number \_\_\_\_\_

Please indicate the name(s) of the person(s) others with whom the student is permitted to leave:

Name \_\_\_\_\_ Relationship to the student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to the student \_\_\_\_\_

### Special Medical/Educational Needs

(Please **CIRCLE** any that apply to this student)

Please list any needs/accommodations that we should be aware of while your child is in our care:

(i.e. food allergies, vision, mobility, etc.) \_\_\_\_\_

**Purpose:** To enable parents/guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under Church authority, when parents/guardians cannot be reached and to ensure the child's safety and well being.

**In case of an emergency, the following procedure will be followed:**

1. Parent(s) will be notified.
2. Emergency medical treatment will be administered according to consent.
3. If necessary, 911 will be notified, according to consent.
4. If I cannot be reached, please contact: \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

### Part I: To grant Consent

\_\_\_\_\_ **I GIVE FULL PERMISSION** for medical attention to be given or to transport my child to a hospital if either I or the above named representative cannot be contacted. I hereby authorize medical personnel to release necessary information about my child's care to Bible School staff.

Preferred Hospital \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical information/concerns: Please note any allergies, medications, surgeries, or medical concerns that would be helpful in case of an accident or emergency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
date

### Part II: Refusal to Consent

\_\_\_\_\_ **I DO NOT GIVE PERMISSION** for any medical attention to be given to my child. In the event of illness or injury requiring emergency treatment, I wish Bible School Staff to take the following action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date