

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Child's Soc. Sec. No. * _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

(See *Activity Information* form below)

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Church Agency Immaculate Conception Church Program or Group VBS Vacation Bible School

Starting Date June 13, 2018 Ending Date June 15, 2018 Registration Fee \$ 6.00 per student

Usual Location Immaculate Conception Grade School Usual day and time: Wed-Fri weeknights 6:00 pm-8:30 pm

Routine Activities Vacation Bible School

Group Leader Mrs. Linda Schoen, ARE Telephone No. 419-586-2370

Other Information theme for VBS is SPLASH

____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

____ I give/agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

____ I DO NOT GIVE PERMISSION that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

Signature of Parent or Guardian _____ Date ____ / ____ / ____