

**Christ the King Church Vacation Bible School  
Consent for Minor or Emergency Medical Treatment**

I, \_\_\_\_\_, am the father/mother/legal guardian  
Of \_\_\_\_\_, a minor, Birth date of minor \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

In case of emergency, I can be reached at the following phone numbers: Daytime Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Other Emergency Contact Name & Phone # \_\_\_\_\_

I give my consent for medical treatment as set forth below:

1. The transfer to any hospital reasonably accessible when medically necessary.
2. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist.

Any hospital or practitioner not having access to your child's medical history needs the following information:

Drug allergies: \_\_\_\_\_

Other allergies: Please list any food allergies, known reactions to insect stings or bites, or other conditions the VBS workers need to know about to help assure a safe and enjoyable experience for your child. \_\_\_\_\_

Regular medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Physical impairments \_\_\_\_\_

Medical condition or previous surgeries \_\_\_\_\_

Other pertinent information \_\_\_\_\_

Physician's Name & Address (street and city) \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

I grant permission for my child to participate in activities sponsored by Christ the King Church. I hereby release Christ the King Church, the Diocese of Yakima and its representatives from all liability in the event of accidental injury. In the event that I am not readily available, I the natural parent/guardian authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**REGISTRATION FORMS DUE WEDNESDAY, MAY 23<sup>rd</sup>**  
**A \$10 late fee will be charged for each registration received after May 23<sup>rd</sup>**  
Additional copies of this registration may be downloaded from the parish website: [www.ckparish.org](http://www.ckparish.org)

# 2018 SHIPWREKCED: Rescued by Jesus

**Space is limited!!!  
Register Early!!!**



## VACATION BIBLE SCHOOL

Christ the King Catholic Church

June 18<sup>th</sup> – 22<sup>nd</sup>, 9:00 a.m. – 12:00 p.m.

I register my son/daughter under my guardianship to participate in the 2018 Vacation Bible School (VBS), which will be conducted at Christ the King Church on the mornings of June 18<sup>th</sup> through June 22<sup>nd</sup> from 9:00 a.m. to 12:00 p.m.

Child's name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PLEASE PRINT

Date of birth \_\_\_\_\_, school grade this fall 2018 \_\_\_\_\_ T-shirt size YS Y M YL (please circle size)

Telephone Number \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Church you attend \_\_\_\_\_

Please circle one: Attending all week Absent 1 or more days  Circle Days Gone: M Tu W Th F

Special requests or dietary needs \_\_\_\_\_

**Fee:** \$35.00 for one child, \$70 for two children and \$85 for three or more children in the same family. Each child will receive a t-shirt; price is included in registration fee. Please make checks payable to Christ the King Religious Education. Payment must accompany registration. **A \$10.00 LATE FEE WILL BE CHARGED FOR EACH REGISTRATION RECEIVED AFTER THE DUE DATE OF MAY 23<sup>rd</sup>. Requests will not be granted if registration is received after May 23<sup>rd</sup>. T-shirt size requested is not guaranteed if registration is received after May 23<sup>rd</sup>.**

**Note:** To participate, children **MUST BE FOUR YEARS OLD BY AUGUST 31<sup>ST</sup>, 2018** and no older than entering grade 5. A **separate registration and medical consent is needed for each child registered.** Please return the registration/medical consent form to the parish office. *Space is limited---Please register early!*

The Vacation Bible School will occur entirely on the Christ the King Parish grounds with activities conducted both outdoors and inside various parish buildings. This event will be under the supervision of parish employees and volunteers.

**Please list any life-threatening food allergies, known reactions to insect stings or bites, or other conditions** your child has that VBS workers need to know about to help assure a safe and enjoyable experience:

I understand that as parent or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by my child. State law requires parental/legal guardian consent before a hospital's emergency department can give medical treatment to a child under the age of 18, except for truly life-threatening conditions. We will make every effort to contact parent/guardians in case of injury or other medical emergency, but completed consent form will help assure treatment without delay. Please fill out the consent for emergency medical treatment on the reverse side of this registration form.

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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[www.ckparish.org](http://www.ckparish.org)

**\*\*\*\*\*Please complete both sides of this form.\*\*\*\*\***