

**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 _____

Early bird registration ends Wednesday, May 22nd.

Starting Thursday, May 23rd, VBS registration fee is \$45 for one child, \$90 for two children and \$110 for three or more children in the same family.

Additional copies of this registration may be downloaded from the parish website: www.ckparish.org

2019 ROAR: Life is Wild ~ God is Good



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

VACATION BIBLE SCHOOL

Christ the King Catholic Church

June 17th – 21st, 9:00 a.m. – 12:00 p.m.

I register my son/daughter under my guardianship to participate in the 2019 Vacation Bible School (VBS), which will be conducted at Christ the King Church on the mornings of June 17th through June 21st from 9:00 a.m. to 12:00 p.m.

Child's name _____ Male _____ Female _____

PLEASE PRINT

Date of birth _____, school grade this fall 2019 _____ 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 _____

Early registration fee: is \$35.00 for one child, \$70 for two children and \$85 for three or more children in the same family, who register by Wednesday, May 22nd. T-shirt price is included in registration fee. Please make checks payable to: Christ the King Religious Education. Payment must accompany registration. **Starting Thursday, May 23rd, fees are \$45 for one child, \$90 for two children and \$110 for three or more children in the same family. Requests will not be granted if registration is received after May 22nd. T-shirt size requests are not guaranteed for registrations received after May 22nd.**

Note: To participate, children **MUST BE FOUR YEARS OLD (and potty trained) BY AUGUST 31ST, 2019** and no older than entering grade 5. A **SEPARATE** registration/ 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)

Early bird registration is \$35 for one child, \$70 for two children and \$85 for three or more children in the same family, who register by Wednesday, May 22nd. Starting Thursday, May 23rd, VBS registration fee is \$45 for one child, \$90 for two children and \$110 for three or more children in the same family.

REQUESTS WILL NOT be granted if registration is received after May 22nd.

Additional copies of this registration may be downloaded from Faith Formation section of the parish website:

www.ckparish.org

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