

**VBS**

**"Gadgets & Gizmos"**

**August 6 - 10**

**6:00 - 8:30**

Join us for 5 days of fun at "Gadgets & Gizmos", an action-packed adventure through the Bible.

"Gadgets & Gizmos" will bring to life the ways that God made every child in His image and has created each one to know Him and love Him!

VBS is for all children entering kindergarten through 5th grade. There will be music, crafts, skits, bible lessons and of course snacks! Be sure to register for VBS soon! You won't want to miss it.

# VBS 2017 "Gadgets & Gizmos"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

# Medical and Media Release Form

I, the undersigned parent/guardian, do hereby grant permission for my child \_\_\_\_\_ to participate in **FBC Children's Ministries**. In the event that my child becomes injured or ill, I authorize the **FBC** leadership to seek proper medical treatment for the injury/illness. I understand that I will be responsible for any medical bills that may be incurred on behalf of my child for such treatment.

Understanding that there is always a possibility that my child may sustain an injury or become ill, I acknowledge that my child is assuming the risk of injury/illness by participating in **FBC Children's Ministries**. I release **FBC** and its representatives from any claims for personal injury that my child may sustain. I further acknowledge that my child will be responsible for his/her failure to abide by the rules and regulations of **FBC Children's Ministries**.

I also understand that every effort will be made to contact me should my child be injured/ill. In the event that I cannot be reached, my secondary contact will be called. If my child becomes injured/ill and we cannot be contacted, I understand that the leadership will seek appropriate treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone

Please name the secondary contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

I hereby give **FBC** permission to publish in print, electronic, website or video format the image or likeness of my child for promotional purposes. I understand that my child's name will not be used to identify my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

## Medical Information

Child's name:

Family Physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Give name & identification number of family medical insurance.

\_\_\_\_\_

Medical Information:

1. Any operations, serious injuries or chronic illness?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify. \_\_\_\_\_

2. List communicable diseases : chicken pox \_\_\_\_\_  
other \_\_\_\_\_

3. Are immunizations current? \_\_\_\_\_

4. Date of last tetanus booster. \_\_\_\_\_

5. Any known allergies? \_\_\_\_\_

6. List any known physical, mental or social difficulties which may affect your child. \_\_\_\_\_

7. If we are to administer medicine, list medication and use. \_\_\_\_\_

administer: \_\_\_\_\_

8. Any restrictions for your child? \_\_\_\_\_