

INFORMATION CARD

Le Mars Bible Church Vacation Bible School

Child's Name	Grade this fall (eg. Preschool, K, 1 st)	Allergies

Address _____

City _____ State _____ ZIP _____

Phone# _____

Father _____ Cell # _____

Mother _____ Cell # _____

Home Email Address _____

Other Contact Name _____ Phone # _____

Doctor _____

Other Health/Allergy Issues _____



June 3rd-7th
3 years-6th grade

EMERGENCY TREATMENT AUTHORIZATION

If emergency treatment is required & parents cannot be reached, LBC and/or VBS leaders have permission to administer treatment by calling the doctor above or an alternate doctor.

Signed _____ Date _____
Parent/Guardian

Insurance Co. _____ Policy # _____

PICTURE RELEASE

I give my consent to allow my child listed above be photographed for use by Le Mars Bible Church in newspapers or other electronic media such as church websites promoting VBS.

Signed _____ Date _____
Parent/Guardian