

Group Assigned to:	
_____ Red	_____ Orange
_____ Yellow	_____ Blue
_____ Green	_____ Helper



Referred by:

- _____ Shepherd Of the Hills Church Congregation/ Member
- _____ Crave Life Member
- _____ Shepherd Center
- _____ Community

Cost: \$20 1st child, \$15 2nd child, \$ 10 3rd+ children

Vacation Bible School Registration

Child's Name _____

Age _____ Entering Grade _____ M / F (circle)

Address _____

City _____ Zip _____ E-mail _____

Parent/Guardian _____

Phone _____ Cell _____ Other _____

Emergency Contact _____ **Phone** _____

Authorization & Consent for Medical Treatment

Note: California State Laws indicate that a "minor" is anyone under the age of eighteen(18)

The undersigned (herein "Guardian") of child named here (herein "minor") do hereby consent to any emergency medical treatment, diagnosis and care provided to the minor by any duly licensed physician or surgeon or others, providing care directly under and per such general or special instructions issued by such duly licensed hospital. Without limiting the generality of the foregoing, such emergency care includes x-ray examinations, administration of anesthesia and blood transfusions. Guardians' health and accident insurance shall be primarily liable for all such covered ,medical, etc., expenses; such insurance as Shepherd of the Hills Lutheran Church has in effect shall be secondary, liable up to its policy limits.

Signature of Parent/Guardian _____

Date _____

Doctor's Name: _____ Phone: _____

Doctor's address: _____

Medical Insurance (company name): _____ Policy Number: _____

Medication or Food Allergies that we should be aware of:
