



Join us for Messiah's 2010 Vacation Bible School!

During the week of July 19, 2010, from 9:00 am – Noon, Messiah Lutheran Church will be offering a community Vacation Bible School for 4 year olds through children who have completed the 5th grade.

\$10.00/child (covers the cost of the iron-on decal and registration)
(Cash or check payable to "Messiah Lutheran Church.")

Also, a donation of 1 package of cookies or one container of powdered drink mix is requested. Please drop off these items in the church kitchen on Sunday, July 18 or Monday, July 19

At the end of the week all are invited to a special morning program in the sanctuary on Friday, July 23 at 11:00 a.m.

If your child would like to participate in VBS this summer, please complete both sides of this form.

Child(ren) to be enrolled in Messiah Lutheran Church's Vacation Bible School:

Child's Name	Age	Grade for Fall 2010	Birth Date (month/year)	Baptized?
				Y or N
				Y or N
				Y or N
				Y or N

***** Please complete Emergency Medical Information on side 2 of this form. *****

Parent Email Address (for VBS correspondence only) _____

School Name _____ Church Home _____

Vacation Bible School Emergency Medical Authorization Form

In case of an emergency involving my child, please notify:
(Include **area code**, and indicate if Home, Cell or Business phone number.)

Mother's Name _____ Phone _____
Father's Name _____ Phone _____
Phone _____
Phone _____

If a parent cannot be reached, please notify:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

I hereby give consent for the following medical care providers to be called:

Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____
Specialist's Name _____ Phone _____
(indicate specialty)
Local Hospital Name _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (If you are registering multiple children, indicate for which child medical information is being provided.)

Check One

- My child(ren), _____, is (are) in good physical condition and can participate in the regular VBS activities.
- My child, _____ will have medication labeled with complete instructions in the VBS office. I give permission for the VBS director to administer _____.

Please provide administration directions and amounts. (medication)

Date _____ Signature _____

Parent / Guardian (circle one)

Address _____

Please send completed registration form to:

Messiah Lutheran Church, 21485 Lorain Road, Fairview Park, OH 44126
Questions? Contact Julie Bacon at jbacon3@roadrunner.com or 216-362-0614
or call the church office at 440-331-2405.