

**Holy Shepherd Lutheran Church & Orinda Community Church
Vacation Bible School
July 12-16, 2010**

Child's Name _____ Male Female

Birthday _____ Grade Entering Fall _____ School _____

Shirt Size: YS , YM , YL , AS , AM , AL , AXL

Parent's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Cell Phone/Pager # _____ Email _____

Local Emergency Contact _____ Phone _____

Address _____

Allergic to: Penicillin, Bee Sting, Poison Oak, Other, (specify) _____

Severity of allergic reaction _____

Medication(s) presently being used _____

Give details or additional information needed _____

Medical insurance company _____ Policy # _____

Medical-Surgical Release: I/We understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But, if it is impractical to do so, I/we hereby give permission to the licensed physician and or surgeon selected by Beverly Townsley, Leslie Darwin or Susie Koeper to secure proper treatment, to hospitalize, or to order injection, anesthesia, X-ray or surgery for my/our child as named above. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases HSLC/OCC (the Church) and its staff of any liability against personal losses of named child. I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend this event organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian signature: _____ Date: _____

I consent to the use of any photo of my child in future HSLC-OCC publications.

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