

VBS Registration and Waiver & Medical Release Form

Breslau Evangelical Missionary Church

Purposes and Extent

Breslau Evangelical Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Breslau Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.

All of our children's ministry personnel are approved workers and follow the Plan to Protect adopted by the Deacon's board.

Name: _____

Address: _____

Parents/Guardian: _____

Phone: _____ Email: _____

Date of Birth: _____ Health Card Number: _____

Does your child have any severe/any life-threatening allergies (bee stings, food, penicillin, other drugs) or medical conditions? **Yes** **No** If yes, please explain:

Does your child carry an EpiPen or Inhaler? **Yes** **No** If yes, please explain:

Note: Appendix 11 should be completed in addition to this form.

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes No

Health Information (if needed): _____

Emergency Contact (other than parents):

Name: _____ Phone: _____

If there are any other questions, concerns, or matters you would like to bring to our attention concerning your child, please list: _____

Special Friend of: _____

I give my permission to BEMC to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to BEMC to use my child's name and/or photo on material posted on the church website, newsletters, or promotional material. Yes No

Waiver – Please Read Carefully

I/we, the parents or guardians named above, authorize the ministry staff of Breslau Evangelical Missionary Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff, Breslau Evangelical Missionary Church, its Pastors and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Breslau Evangelical Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Breslau Evangelical Missionary Church.

Parent's Signature: _____ Date _____

Printed Name _____ Effective for Ministry Year 20__/20__

Breslau Evangelical Missionary Church

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