



Pohick Episcopal Church
VACATION BIBLE SCHOOL
July 7 - 11, 2008
REGISTRATION FORM

To be held at:

Pohick Episcopal Church • 9301 Richmond Highway • Lorton, Virginia 22079
For children age 3 (only if potty-trained) through Grade 5*
Monday - Friday • 9:00 am - 12:00 noon

IT IS NECESSARY FOR THE DAILY SESSIONS TO BEGIN PROMPTLY AT 9:00 AM.

**To help the Christian Education budget,
a donation of \$15.00 per family would be most appreciated.**

Directions: Please fill out a separate form for each child attending.

Child's Name _____

Address _____
(street) (city) (zip)

Telephone _____ Date of Birth _____

*School Grade completed in June of 2007 _____

Parents' Names _____

Medical Information (eg food allergies, etc.) _____

PLEASE CHECK WHERE APPROPRIATE:

- I can stay and help if needed.
- My child would like to come, but will need a ride.
- We would like to carpool, if possible.
- I can provide a ride for _____ child(ren).

Please return this form to the Church office, either in person or by mail.

(over)



POHICK EPISCOPAL CHURCH
VACATION BIBLE SCHOOL

PERMISSION FOR EMERGENCY CARE

Name of Child _____

Date of Birth _____

Name of Parent/Guardian _____

Address _____

Telephone _____

“THE CHURCH HAS MY PERMISSION TO CALL ANOTHER PHYSICIAN IN AN EMERGENCY WHEN FAMILY PHYSICIAN OR I CANNOT BE CONTACTED.”

Name of Family Physician _____

Telephone _____

IS YOUR CHILD:
ALLERGIC TO MEDICATION? _____

IF SO, WHICH _____

ANY OTHER ALLERGIES - SUCH AS BEE STINGS _____

UNDER PHYSICIAN’S CARE? _____

UNDER MEDICATION NOW? _____

“THE CHURCH HAS MY PERMISSION, IN AN EMERGENCY WHEN I (OR MY PHYSICIAN) CANNOT BE CONTACTED, TO TAKE MY CHILD TO THE EMERGENCY ROOM OF THE NEAREST HOSPITAL AND ITS MEDICAL STAFF HAVE MY AUTHORIZATION TO PROVIDE TREATMENT WHICH A PHYSICIAN DEEMS NECESSARY FOR THE WELL-BEING OF MY CHILD.”

NOTE: By law a parent cannot consent in advance to any and all manner of emergency care. It is understandable that in cases, other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent’s permission to administer professional service.



(parent/guardian signature)

(date)