GRACE LUTHERAN CHURCH

6000 BROADWAY

RICHMOND, IL 60071

(815) 678-3082

**“ROCKY RAILWAY: JESUS POWER PULLS US THROUGH”**

 **August 2nd through August 6th**

9:15 AM – 11:00 AM

**SIGN UP DEADLINE – JULY 19, 2021**

VACATION BIBLE SCHOOL – 2021

Children Ages 4 through those entering 5th Grade

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE IN FALL OF 2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KNOWN ALLERGIES, MEDICAL CONCERNS, OR LEARNING

DISABILITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE CARRIER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POLICY/GROUP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # YOU CAN BE REACHED AT DURING CLASS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THOSE PEOPLE AUTHORIZED TO PICK UP CHILDREN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for my child to take walking trips in the neighborhood. I understand such trips will be under the supervision of adults, and that precautions will be taken to protect the health and safety of my child.

In the event of an emergency where medical treatment is necessary, I give my permission to the church sponsors to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified above.

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_