

**VBS Registration Form**

Grace Baptist Church  
9400 NE 50th Ave Vancouver, Washington 98665, Phone: 360-574-3242 or Email at:  
gbc@gbcsbc.org - Go to GBC's web site at: WWW.GBCSBC.ORG

Minor's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Past Medical History** (Please circle and/or write in appropriate information)

Immunizations:  Tetanus  Polio Booster  Measles  Mumps  None  
 Asthma  Sinusitis  Bronchitis  Kidney Trouble  Heart Trouble  Migraines/headaches  
 Diabetes  Dizziness  Stomach Upset  Hay Fever

Allergies:  
Food \_\_\_\_\_  
Penicillin or other drug (name) \_\_\_\_\_  
Insect Stings/Bites \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_  
Other: \_\_\_\_\_  
Previous operations or serious illnesses \_\_\_\_\_  
Any current medications or vitamins you are taking (list) \_\_\_\_\_  
Special Diet: (Name) \_\_\_\_\_  
Childhood Diseases: \_\_\_ Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_ Other -  
Specify \_\_\_\_\_

**Permission for Treatment & Chaperon Consent**

My permission is granted for, and I authorize Grace Baptist Church staff or chaperon in charge to obtain necessary medical or dental attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct. I understand there may be times when Grace Baptist Staff, children or youth workers may be alone with my child for counseling or instruction. I also understand that should it be necessary for my child to return home due to medical reasons or otherwise, I the undersigned, shall assume all transportation costs involved.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the State of \_\_\_\_\_, County of \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

VBS is for Children who are 4 years old to having COMPLETED 5<sup>th</sup> grade. By signing the above form, you are also agreeing to allow your child to be photographed during GBC's VBS and/or Youth Week and its activities.

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