

Signature

(Relationship to child)

## **Vacation Bible School/Christian Summer Camp**

## August 19 to August 23, 2024 Registration/ Medical Permission Form

Mount Olive Lutheran Church
2350 148 St, Surrey, BC V4A 4M7 | 604-536-8527
Email: admin@mountolivelutheran.ca

Child's Name:			
Age:		Birth Date:	
Street Address:		Last Grade Completed	
Postal Code:		E-mail:	
Father's Name:		Telephone No.:	Home: Work: Cell:
Mother's Name:		Telephone No.:	Home: Work: Cell:
Emergency Contact: Relationship:		Telephone No.:	Home: Work: Cell:
Physician's Name:		Telephone No.:	
BC Care Card No:			
	l any severe or life-threatening allerg	l ies? (ie. Peanuts. be	e stings, penicillin, etc):
Explain:	, , , ,	,	571 7 7
•	any physical, emotional, cognitive o	r behavioural concer	ns or limitations?
Explain:			
•	any medical conditions of which we	should be aware?	
Explain:	,		
such medical treatment parent or guardians will In the event of accide	as is deemed necessary. It is under be notified at the earliest opportuni	erstood that medical ty.	ze Mount Olive Lutheran Church to secure care will be secured promptly, and that re Lutheran Church, its pastors, staff
Signature	(Relationship to child)	Date	9
activity associated with consent to/ do not calculate associated associated activity of the ac	Church recognises the need to ensu our organization.  onsent for VBS leaders to photograded with this program to use for:	aph/ film the minor d	afety of all young people taking part in any esignated above in any manner or form foents on leaflets/ websites/ magazines & or

Date