

First Presbyterian Church of Bryan

invites all children to . . .

Vacation Bible School 2018

(for children Pre-K through completed 6th Grade)

Saturday, July 28

9:00am to 1:30pm

(Check-in begins at 8:30am
in Carter Creek Foyer)



Families are invited to attend Opening & Closing Ceremonies

9:00am Opening Ceremony

12:15pm Closing Ceremony

12:30pm Picnic Lunch

**Following the Closing Ceremonies,
VBS Children and their Families are invited to the Picnic Lunch**

**Complete Registration and Medical forms
(available online at www.fpcbryan.org and at the church)**

Return completed forms to the church office or to knachlinger@gmail.com

Registration deadline is Wednesday, July 25.

For more information, contact:

Kathryn Nachlinger, 979.229.9338 or knachlinger@gmail.com

**2018 Vacation Bible School
Registration Form**



Child's Name: _____

Parent's Name: _____

Address: _____

City, State: _____

Home Phone: _____ Cell Phone: _____

Work Phone _____

Parent Email: _____

Date of Birth: _____ Age: _____ Last Grade Completed: _____

I (parent or grandparent) can help with one of the following:

___ Volunteer for VBS on Saturday, July 28, 8:30am to 12:30pm

___ Volunteer the week before VBS

___ Provide mid-morning Snacks (crackers, cheese cubes, variety of fruit, etc.)

For Lunch,

___ Provide Sandwiches (2 doz., cut in half: *i.e.* ham, tuna, PB&J)

___ Provide Chips (1 bag)

___ Provide Cookies (3 dz.)

Complete Registration and Medical Forms

Register by Wednesday, July 25;

Return all forms to the church office or email to knachlinger@gmail.com

MEDICAL RELEASE AND CONSENT FORM

Name _____

Address _____ Phone _____

Parent _____ Home _____ Work _____ Cell _____

Parent _____ Home _____ Work _____ Cell _____

Medical Insurance Carrier _____ Policy/Group _____

Subscriber Name _____ ID # _____ Date of birth _____

Prescription Carrier _____ RxBin _____ RxGroup _____

Subscriber Name _____ ID # _____ Date of birth _____

If parent is not available, notify:

Name _____ Home _____ Work _____ Cell _____

Medical History

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Chronic Illnesses _____

Allergies _____

Medications _____

Important Information _____

In the event of an emergency where medical treatment is required, I give my permission to the church staff or church-approved sponsor present of the First Presbyterian Church of Bryan, Texas, to obtain the services of a licensed physician for the person named on this form. Please attempt to notify me immediately concerning any emergency.

Signature of Parent or Guardian

Date

Medical Release and Consent Form (contd.)

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My child may be given any the following at normal adult dosage, if necessary:
(check all that apply)

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin, Advil)
- Naproxen Sodium (Aleve)
- Diphenhydramine (Benadryl)
- Roloids/Tums
- Pepto-Bismol
- Other _____ (provided by parent)

Signature of Parent or Guardian

Date

I DO HEREBY RELEASE AND CONSENT to the participation in any church-sponsored event / activity and am aware that activities may include participation in sporting / recreation / construction events. In addition, I give my permission for any videos or photographs taken to be used in any FPC-Bryan publication or the FPC-Bryan website.

I DO HEREBY CERTIFY that I am physically fit and capable of participating.

I DO HEREBY SPECIFICALLY RELEASE, waive, discharge, and covenant not to sue FPC-Bryan, its staff, volunteers, agents, and governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation in any church-sponsored event / activity.

IN CASE OF EMERGENCY, I do hereby give permission to the physician selected by the group leader to hospitalize and secure proper treatment for the registered person as named on this form.

Signature of Participant*

Date

** NOTE: If participant is under 18 years of age, this form must be co-signed by parent or legal guardian.*

Signature of Parent or Legal Guardian

Date