



**POHICK EPISCOPAL CHURCH
Vacation Bible School
July 9-13, 2018**

Please PREREGISTER your students – it makes planning easier

REGISTRATION FORM

TO BE HELD AT: Pohick Episcopal Church
9301 Richmond Highway
Lorton, Virginia 22079

Beginning at age 3 (only if
potty-trained) - Grade 5*
Monday - Friday
9:00 A.M. - 12:00 Noon

IT IS NECESSARY FOR THE DAILY SESSIONS TO BEGIN PROMPTLY AT 9 A.M.

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 2018 _____

Parent's Names _____

Medical Information (e.g. food allergies, etc.) _____

PLEASE CHECK WHERE APPROPRIATE:

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

Please return this form to the church office, either in person or by mail (address listed above).

(over)





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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)

