

OUR LADY OF SORROWS VACATION BIBLE SCHOOL REGISTRATION

Last Name _____ Phone _____

Child's Name(s) _____ Grade in fall _____

Address _____

Email Address _____

Payment enclosed ___ \$40.00 (25.00 for each add. child per family) Request financial asst. _____

Please return form no later than Sunday, June 5th, 2022 checks payable to OLOS memo VBS

MEDICAL RELEASE INFORMATION

Name of Child _____

I give consent for emergency medical treatment if necessary.

I request that, if possible, I be contacted prior to treatment at the following:

Phone: Home (____) _____ Work (____) _____

Emergency Contact Person: _____ Phone: _____

Name of Doctor and contact information _____

Insurance carrier/policy # _____

Any known allergies for your child? _____

Is he/she taking medication? If so, please list condition and medication

If needed, does your child have emergency medication (i.e. bee sting kit) with him/her? Yes/No

If Yes: Name & Dosage _____

I understand medical coverage will not be available through the Archdiocese of Seattle.

I consent to the conditions stated above.

Print parent/legal guardian name _____

Signature of parent/legal guardian

Date