

VACATION BIBLE SCHOOL



DATES: July 7 - 11, 2008

(Monday thru Friday)

PLACE: Community of the Crucified One
104-108 E. 11th Avenue
Homestead, PA 15120
(412) 462-9537

TIME: 10:00 a.m. to 1:30 p.m.

AGES:" 3 to 11 years old
(Child must be 3 years old by
July 1, 2008 in order to attend)

DONATION: \$40.00 per child / helper / adult
(Checks payable to The Community of the Crucified One)

Please print the attached form **CLEARLY** and include all phone numbers. A form must be filled out for each child in attendance and is to be signed by the parent or legal guardian of the child. Notarization of the form is required for attendance.

**2008 VACATION BIBLE SCHOOL
JULY 7-11**

CHILD'S NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____

PHONE NUMBERS: _____ HOME
_____ CELL
_____ BUSINESS

E-MAIL ADDRESS:

ADDITIONAL PERSON TO CONTACT
IN THE EVENT OF AN EMERGENCY:

(Print Name and Phone No(s))

Please one in each section:

PARENT OR LEGAL GUARDIAN IS:

- Tither to this Community
- Non-Tither to this Community
- Relative of Member of this Community

(Please list name of relative)

WATER IMMERSION:

We offer a water immersion to children 9 years of age and older who wish to be baptized. (This does not mean they must join our Church). This immersion will take place on Tuesday, July 8. This choice is up to your child, but we must also have your permission for your child to participate.

- YES, I give my child permission to be water immersed if he/she wishes
- NO, I do not wish my child to participate
- DOES NOT APPLY (Child is under 9 years old)

**INFORMAL GUARDIAN AUTHORIZATION
CONSENT FOR TREATMENT**

In the event that my child (name) _____ becomes ill or sustains an injury while in the care of THE COMMUNITY OF THE CRUCIFIED ONE, 104-108 E. ELEVENTH AVENUE, HOMESTEAD, PA 15120 (PHONE # 412 462-9537), I the undersigned grant the authority to THE COMMUNITY OF THE CRUCIFIED ONE to act in my behalf in obtaining and consenting to, any medical treatment that may be necessary, including but not limited to: X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment, hospital care, administration of drugs or medicine, under the supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply only to non-elective medical procedures, and that a copy of this form is as valid as the original. However, THE COMMUNITY OF THE CRUCIFIED ONE, INC. will not assume financial responsibility for medical treatment that may be necessary. The parent or legal guardian must be willing to accept financial responsibility for illness or injury at Bible School.

This consent is effective from JULY 7 TO JULY 11, 2008.

Please fill out necessary information on reverse side.

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Sworn to and subscribed before me
this _____ day of
_____, 2008

NOTARY PUBLIC

CHILD'S NAME: _____

Child's medical condition (please write a brief description including present medications, allergies, and special health problems, if any).

Please check here for no allergies.

Family Doctor: _____ (Phone) () _____

Type of Insurance: _____

Medical I.D. #: _____

800 #: _____

Group #: _____

Date of Last Tetanus Shot: _____

Community of the Crucified One
104-108 E. 11th Avenue
Homestead, PA 15120
412 462-9537

VACATION BIBLE SCHOOL
JULY 7-11, 2008

CHILD'S PARENTAL CONSENT FORM

I, _____ hereby give permission for THE COMMUNITY OF
(PARENT/GUARDIAN NAME)
THE CRUCIFIED ONE, INC. to admit for treatment and care of _____
CHILD'S NAME

DATE OF BIRTH: _____

CONSENT IS GIVEN FOR ITEMS CHECKED (☑) BELOW:

- Emergency Care
- Administration of Prescription Medication
- Field Trips
- Transportation to Field Trips
- Transportation as provided by The Community of the Crucified One
- Swimming
- All Outdoor Activities

SPECIAL PERMISSION:

My child may be given the following medication that I will provide. I will see that the nurse/teacher has the dosage and directions for administering the medication in my absence.

My child has a tendency for swimmer's ear. YES NO

If YES checked above -- I have provided earplugs and medication. YES NO

DIETARY RESTRICTIONS/ALLERGIES/OR MISC. TO BE AWARE OF:

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE