

# South Joplin Christian Church (Disciples of Christ)

Rev. Dr. Colleen Carroll, Senior Minister

Rev. Kathryn Wilson, Minister of Mission and Outreach



## VBS Permission Form 2017

For South Joplin Christian Church  
Summer Vacation Bible School

<b>STUDENT'S INFORMATION:</b>		
_____	_____	_____
	<b>Full Name (first, middle, last)</b>	<b>Birth Date (month/day/year)</b>
_____	_____	_____
<b>Street Address</b>	<b>City, State Zip</b>	<b>Email</b>
(____) _____	_____	(____) _____
<b>Student Phone</b>	<b>Parent/Guardian Name</b>	<b>Parent/Guardian Cell Phone</b>
_____	_____	_____
<b>Name of School Currently Attending</b>	<b>Grade (ending May 2017)</b>	
_____	_____	
<b>Health Insurance Carrier/Medicaid</b>	<b>Policy Number</b>	
_____	_____	
<b>Date of last Tetanus Shot</b>	<b>Name of Primary Care Physician</b>	<b>Preferred Hospital</b>
_____	_____	_____
<b>Allergies or Medical Conditions (if necessary, please attach page with detailed explanations)</b>		
_____		
<b>Current Medications (if necessary, please attach page with detailed explanations)</b>		
_____		
<b>Any Special Medical Instructions (if necessary, please attach page with detailed explanations)</b>		
_____		

(Student's Name) \_\_\_\_\_ has the permission of the undersigned to participate in the South Joplin Christian Church Youth Group events including overnight events and those where he/she is driven in a vehicle by someone other than his/her own parent or guardian. This form is effective for **July and August 2017**.

In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the participant, or parents/guardian of the participant.

\_\_\_\_\_  
**Parent/Guardian Signature (required)**      **Printed Name of Parent/Guardian**      **Relationship**

*In the event that I (parent/guardian) can't be reached, an emergency call may be made to the following person:*

\_\_\_\_\_  
**Printed Name of Emergency Contact**      **Emergency Contact Phone**      **Relationship**

*Original to be kept on file at South Joplin Christian Church office.*

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## Media Release Form For South Joplin Christian Church Vacation Bible School 2017

**Please check the appropriate box in both the Video/Media and Internet Photo Permission statements.**

### VIDEO/MEDIA PERMISSION

- I DO** give my permission for my child to appear in media release (photographs) authorized by South Joplin Christian Church. Further, **I DO** give my permission for my child to be included in any videotaped events/activities. I understand that these videotapes may be aired over local and/or national television channels. Additionally, photographs in newspapers may identify my child.
- I DO NOT** give my permission for my child to appear in the media releases (photographs) authorized by South Joplin Christian Church. Further, **I DO NOT** give my permission for my child to be included in any videotaping.

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### INTERNET PHOTO/VIDEO-USE PERMISSION

- I DO** give my permission for photos or video of my child to be posted on the internet through the church's web pages and social media outlets. These photos/videos may be put on the web pages designed to show activities that are happening with church projects/ministries and/or with member recognition. If a child's name is used, we will post first names only.
- I DO NOT** give my permission for photos/videos of my child to be posted on the Internet through the church's web pages/social media.

(Student's Name) \_\_\_\_\_

This Media Release form is effective for **July and August 2017.**

\_\_\_\_\_  
Parent/Guardian Signature (**required**)

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship

*Original to be kept on file at South Joplin Christian Church office.*