

Join us for Messiah Lutheran Church & School's 2017 Vacation Bible School! Mighty Fortress

July 31-Aug. 4, from 9 am – Noon, Messiah Lutheran Church
will be offering a community Vacation Bible School for children ages 4-10.

\$20/child (covers the cost of a CD, all materials, and registration)
plus a donation of powdered lemonade or package of cookies/crackers.
(Cash or check payable to “Messiah Lutheran Church”)

Child(ren) to be enrolled in Messiah Lutheran Church’s VBS/STEAM Camp (details below):

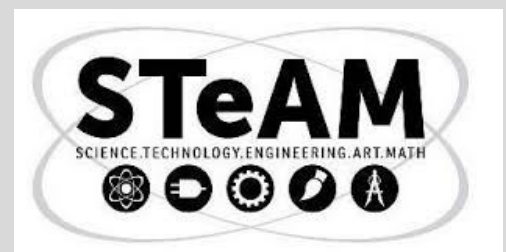
Child’s Name	Age/Birth Date	Grade for Fall 2017	VBS, Steam Camp or Both? (\$20, \$100, or \$120)

STEAM Camp for Students Entering Grades 1-2: Got Gunk?

Got Gunk? Camp runs from noon-3:30 pm on July 31-Aug. 4 for students entering grades 1-2, immediately following VBS. Registration is \$100. Students are responsible for packing a lunch each day.

Explore the world of matter and get an inside look at solids, liquids and gases! Hands on activities and experiments will provide fun in an engaging way!

Questions? Contact Katelyn Wcislo at kwcislo@messiahfp.org.



Vacation Bible School & STEAM Camp Emergency Medical Authorization Form



In case of an emergency involving my child, please notify:
(Include **area code**, and indicate if Home, Cell or Business phone number.)

Mother's Name _____ Phone _____
 Father's Name _____ Phone _____

If a parent cannot be reached, please notify:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

I hereby give consent for the following medical care providers to be called:

Doctor's Name _____ Phone _____
 Dentist's Name _____ Phone _____
 Specialist's Name _____ Phone _____
 (indicate specialty)
 Local Hospital Name _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: (If you are registering multiple children, indicate for which child medical information is being provided.)

Check One

- My child(ren), _____, is (are) in good physical condition and can participate in the regular VBS/Camp activities.
- My child, _____ will have medication labeled with complete instructions in the VBS office. I give permission for the VBS/Camp director to administer _____.

Please provide administration directions and amounts. (medication)

Date _____ Signature _____
 Parent / Guardian (circle one)

Address _____
 Email address _____

Please send completed registration form to:
 Messiah Lutheran Church, 21485 Lorain Road, Fairview Park, OH 44126
 Questions? Contact Julie Bacon at jbacon@messiahfp.org or 330-881-3479
 or call the church office at 440-331-2405.