



Vacation Bible Camp 2019 Information & Release Form

Please complete this form and bring it with to Vacation Bible Camp, July 22-26,
9:30am-12:30pm.

St. Benedict's Episcopal Church,
2220 Snowy Egret Lane, Los Osos, CA 93402

Child Information:

Child's Name: _____ Age: _____ M/F
Last First
Grade completed: _____
Any special needs? _____

Family Information:

Parent/Guardian Name(s): _____ Home Phone: _____
Address: _____ Emergency Phone: _____

Insurance and Health Information:

Insurance Company Name: _____ Policy Number: _____
Policy Holder Name: _____
Family Physician Name: _____ Phone: _____
Preferred Hospital or Clinic: _____
Allergies: _____
Medications being taken: _____
Physical Impairments: _____
Date of last Tetanus: _____

I, the undersigned parent or legal guardian of the above named minor, understand that St. Benedict's Episcopal Church of Los Osos does not maintain any medical insurance for participants in activities. I understand that I will be responsible for any and all costs of medical treatment incurred by or on behalf of the above named minor.

I do ___ do not ___ give permission for photos of my child taken at Vacation Bible Camp to be used on bulletin boards, newsletters, web sites or other materials related to St. Benedict's Episcopal Church.

Parent Name: _____ Parent Signature: _____