



VACATION BIBLE SCHOOL  
**OUTLAWS FOR GOD**

**JULY 17-20**

**5:30 P.M. - 7:30 P.M.**

KINDERGARTEN THRU 5TH GRADE

**TRINITY LUTHERAN CHURCH**

320 SE Fir Villa Rd., Dallas | (503) 623-2233

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Name of child \_\_\_\_\_ Grade entering fall of 2018 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

Allergies and/or medical conditions \_\_\_\_\_

Does your child have any special needs (behavioral and/or physical) we should know about?  
\_\_\_\_\_

\_\_\_\_\_ will be picking my child up from VBS

I hereby give informed consent for my child to take part in VBS activities under supervision, and agree that the VBS personnel will not be held responsible from accidents arising therefrom. I authorize the VBS staff/volunteers to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of a medical emergency. Lastly, I verify that the information on this form is complete and accurate to the best of my knowledge.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_