Print Form

Galilee-by-the-Sea
VBS
August 6-10. 2007

I _____, parent/guardian of
(print parent's name)

_____, age _____,
(print child's name) (child's age as of 14 Aug 07)

am providing the following information for my child's transportation at the daily close of VBS.

My child will (please mark one):

___ Walk home (1st grade and older **ONLY**, per USAG Bamberg Commander's Policy Number 06-22)

___ Be picked up by parent/legal guardian

___ Be picked up by other adult (Please specify name _____)

In the event of any change of plans, I will notify the Vacation Bible School staff upon drop off of my child.

_____ _____
Signature Date

MEDICAL POWER OF ATTORNEY

In case of emergency I give permission for my child to be administered first aid and receive medical attention at the nearest medical facility.

Emergency Contact:

Name_____ Phone: _____

PRIVACY ACT STATEMENT

A. **AUTHORITY:** 10 U.S.C. 3013
B. **PRINCIPAL PURPOSE(S):** To gather information for Vacation Bible School class roster for placing enrolled participants in appropriate groupings, to maintain an accessible list of emergency contact persons associated with each enrollee, and to obtain permission for emergency medical treatment of enrollees as necessary.
C. **ROUTINE USES:** Any information you provide is available only to Vacation Bible School volunteer staff and the USAG Bamberg and USAG Franconia Chaplains' Offices.
D. **DISCLOSURE:** Voluntary. Not providing this information will preclude enrollment in the Vacation Bible School program.

Photo Release: Pictures may be taken during the course of VBS. Please initial here giving permission for your child to be in these photos. _____

_____ _____
Signature Date