



# St. John's Lutheran Church

Pr. Mark Oehlert

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*It's almost over!* School that is! Summer will be here soon!!

That means it's time for **Vacation Bible School**.

All students preschool and older are able to participate.

(Preschoolers will need to attend with an adult.)

Join us on Wednesday, June 3

Let's head to Village Creek Bible Camp for a day of great fun. We will be able to go on a horseback ride, do arts & crafts, try our hand at archery and even do the low ropes course! Older students might even get to go creek stomping, so make sure to pack a pair of old tennis shoes and an extra set of clothes!

Camp starts at 8:30 a.m. so we will meet in the church parking lot at 7:45 a.m. Cost is \$20 per child. Camp finishes at 4:30 this year, so we will be back to the church parking lot around 4:50ish.

We are in need of adult chaperones and drivers, so if you are available to help (or have a grandparent, aunt or uncle, or even a sibling over the age of 16) that would like to join us, please let a Board of Education member know.

Enclosed you will find registration forms. Please turn in completed registration forms and money by Wednesday, May 27. Registration forms can be dropped off on the last day of Sunday School, at the church office or you can contact Brandi Neuzil at 319-240-1077 or Mary Jo Meyer at 563-568-1796.

We hope to see you there!

*St John's Board of Education*

# Village Creek Bible Camp

## Vacation Bible School Medical Release Form

Name \_\_\_\_\_  
Birth date \_\_\_\_\_ M/ F Grade (outgoing) \_\_\_\_\_  
Parents/Guardian \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
2<sup>nd</sup> Emerg. Contact \_\_\_\_\_  
2<sup>nd</sup> Emerg. Phone # \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Physician's Phone # \_\_\_\_\_  
Health Problems / Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_  
Regular Medication \_\_\_\_\_  
Activity Restrictions \_\_\_\_\_  
Insurance Provider \_\_\_\_\_

Parents!

Please read, sign and date the following:

Our insurance provides secondary coverage while your camper is at VCBC and engaged in camp sponsored activities. Our camper insurance begins where yours terminates. For that reason, we ask you to supply your Health Insurance information above.

IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp leadership staff to hospitalize, and/or secure necessary treatment (including injection, anesthesia or surgery, as needed) for my child, as named above.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
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Physician's Name \_\_\_\_\_  
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