

2018 Vacation Bible School

Medical/Emergency Information

Person to contact in case of emergency:

Name _____ Relationship to child _____

Daytime Phone _____ Evening Phone _____ Other _____

Address _____

Family Doctor Name and Phone _____

Alternate contact:

Emergency Contact _____ Phone _____

Relationship to child _____

Insurance Information:

Child is covered by a medical insurance policy: ___ Yes ___ No

Insurance Company _____ Name of Policy Holder _____

Group Policy Number _____ Authorization Phone Number _____

I, the undersigned, hereby give permission for my son/daughter to participate in Vacation Bible School events and activities. I authorize any adult representative of Apostle Presbyterian, First United Methodist or Mount Hope Lutheran who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that the above named participant should be admitted to any hospital, or be in need of any medical treatment. I take full responsibility for all charges and fees related to treatment.

I understand that the care and safety of the participant will be primary in all planned activity and that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

Parent/Guardian signature _____ Date _____