

VBS CONSENT FORM

Name of child _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Cell phone _____

In case of an emergency when a parent cannot be reached please call:

Name, Relationship _____ Phone _____

Name, Relationship _____ Phone _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication?

Yes _____ No _____ If yes, please explain. _____

Does your child have a physical handicap or illness that would prevent him or her from participating in normal activities? Yes _____ No _____ If yes, please explain. _____

Does your child have an specific food or medical allergies? Yes _____ No _____ If yes, please specify. _____

Consent and Certification

(Print Parent Name)

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the activities of Vacation Bible School conducted by The New Testament Baptist Church. I certify that my child is physically fit and adequately prepared to participate in this event.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize the adult chaperones to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that The New Testament Baptist Church will not be responsible for medical expenses incurred solely on

the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Guardian

Date