

Immanuel Baptist Church VBS 2024 (please print one for each child and bring with you)

Student Name _____

Address _____

Current grade _____ age _____

Parent/Guardian Name _____ Phone #s _____

Alternate Contact Name: _____ Alternate Contact Phone _____

Allergies? No / Yes If yes, please list _____

Medical conditions that we need to be aware of?

No / Yes If yes, please explain _____

Learning Disability? No / Yes If yes, please Explain _____

Names of siblings or friends attending:

EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, when parents or guardians cannot be reached.

GRANT TO CONSENT

In the event reasonable attempts to contact me by phone have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other nearby hospital reasonably accessible.

Parent/Guardian Signature _____ Date: _____

Additional Optional Info:

Where did you hear about VBS? _____

Are you a member of a local church? If yes please provide name _____