

Faith Baptist Church
Vacation Bible School Registration & Parental Consent Form

Child's Name: _____

Date of Birth: _____ **Grade entering:** _____

Address: _____

Mailing Address (if different): _____

Please circle which method is best to contact you & enter needed numbers, etc.:

Phone: _____ e-mail: _____ cell phone: _____

In case of an emergency contact: _____

Phone (if different from above): _____

Health History

Health concerns: _____

Allergies: Yes: _____ No: _____ If so, what? _____

Any dietary restrictions: _____

Any activity restrictions: _____

My medical Insurance Carrier: _____

Doctor's name and phone number: _____

Policy number: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the church's leadership to secure proper treatment for my child. ____ Yes ____ No

Liability Release:

Every activity sponsored by Faith Baptist Church is carefully planned and is adequately supervised. However, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all normal risks typical to church related social activities. This includes the transporting of child.

Name(s) of adult who will pick up child after program: _____

Parent or Guardian's Signature: _____ Date: _____