

First and Second Presbyterian Church VBS Emergency Contact and Parental Consent

Child's Name: _____ Date of Birth: _____

Address: _____

Past Medical History: _____

Medications: _____

Allergies: _____

Health Insurance Carrier: _____

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Mother/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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Father/Legal Guardian: _____

Address: _____

Home Number: _____ Work Number: _____ Cell Number: _____

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Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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I give my permission to use my child's picture in a group for use for church publicity via bulletin boards and website. Yes _____ No _____

Parent's Signature _____ Date _____

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I give emergency personnel permission to provide necessary treatment in my absence.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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