

Shippensburg Church of the Nazarene



Vacation Bible School

Date: July 16-20th 2018

Child's Information:

Name: _____

Age: _____ Grade Completed: _____

Allergies or Medical Conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Parent/Guardian' Phone Numbers:

Home: _____ Cell: _____

Emergency Contact other than the above number:

Name: _____ Phone Number: _____

I understand that reasonable precautions will be taken to safeguard the health of the children participating in this VBS and that I will be notified as soon possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team to obtain medical care with an injury or sickness in the event that I or my other emergency contact cannot be reached.

I also give consent to allow my child's image to be recorded, either by photograph or video.

Parent/Guardian Signature _____ Date: _____

Any further comments/concerns: _____