

Child #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade starting school in fall:  3-K  1-2  3-4  5-6  7-12

Child #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade starting school in fall:  3-K  1-2  3-4  5-6  7-12

Parent / Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Name / Phone #: \_\_\_\_\_

Emergency Contact Name / Phone # (other than yourself):  
\_\_\_\_\_

Health concerns we should be aware of (example: food allergies, seizures):  
\_\_\_\_\_

Who may pick up the child(ren) at the end of the day other than yourself? \_\_\_\_\_

I GIVE MY CONSENT FOR MY CHILD(ren) TO PARTICIPATE IN VACATION BIBLE SCHOOL offered by East Tipp Baptist Church. When it is deemed necessary for health reasons, I hereby authorize any hospital, to furnish my child(ren), named above, with any medical care and treatment necessary as a result of injuries sustained or for other emergency medical care treatment as circumstances require. I hereby authorize representatives of East Tipp Baptist Church to retain or acquire said medical care and treatment on my behalf if I cannot be reached by telephone or if there is not time or opportunity to make such contact. I agree not to hold such person(s) responsible for any damages arising from the giving of such consent. I further agree to assume responsibility for any expenses incurred through the administration of medical care and/or treatment.

I agree to allow the church to photograph/video them for church publications and/or public relations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date