

Crawford Baptist Church VBS Registration Form:

Child's Name (*One Form Per Child*): _____

Date of Birth: _____ Age: _____ Grade completed: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Secondary Phone #: _____ Email Address: _____

Emergency Contact Name: _____ Phone #: _____

How did you hear about VBS: _____ Home Church: _____

Allergies or Medical Concerns: _____

Siblings Attending VBS (Names and Ages):

Person(s) Name(s) Who May Pick up the Child:

1.Name: _____ Phone: _____

2.Name: _____ Phone: _____

EMERGENCY INFORMATION, MEDICAL AUTHORIZATION, PERMISSION TO PHOTOGRAPH

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.*

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. _____ at phone # _____ or (Dentist) `Dr. _____ at phone# _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

I do not give consent for church authorities to contact any medical professionals in the event of an emergency.

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Parent/Guardian Signature: _____ Date: _____