



Jacksonburg United Methodist Church 2017 VBS Registration Form

Child's Name: _____ Age: _____

Street Address: _____ Grade Completed: _____

City: _____ Text _____ State: _____ ZIP: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Member of which Church: _____

Emergency Contact #1 Name: _____ Phone() _____

Emergency Contact #2 Name: _____ Phone() _____

Allergies or Special Needs Including Food: _____

Medical Conditions: _____

My child may be photographed: _____ YES or _____ NO (Photos may be used in promotional material for VBS)

Other: _____

My child is authorized to leave with (Please also include phone numbers): _____

I plan to stay to stay at VBS with my child's group: _____ YES or _____ NO (Any parent/guardian remaining in attendance at VBS must complete a background check, complying with JUMC's Safe Sanctuary Policy)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(Will be used only in an emergency and if we are unable to reach the above named person)

We, the undersigned parents/guardians of _____, a minor, do hereby authorize the Vacation Bible School workers of Jacksonburg United Methodist Church, as agents of the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, or is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signed _____ Date _____