



Bethel Baptist Church

Vacation Bible School

June 2-7, 2019

6:00-8:45 pm

Name: _____

Birthday (Month Day Year) _____

School _____

Grade Completed Last School Year

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

Middle School

High School

Adult

Parent's Name _____

Address _____

City _____ Zip Code _____

E-mail Address _____

Phone Number _____ Cell Number _____

Emergency Contact Person _____ Phone _____

Allergies (food or insect) _____

Please indicate persons other than parents that may pick up child.

Please indicate if there are any persons not allowed to pick up your child.

Please indicate person dropping off child other than a parent.

MEDICAL and PHOTO RELEASE

In the event of an emergency in which my child is in need of immediate hospitalization, medical attention of surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. I understand that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the child's medical coverage and/or family.

I also give permission for Bethel Baptist Church to use photo/videos of my child in promotions.

PLEASE CHECK - () YES, you have permission to take photos of my child. () NO Please do not photo my child.

Parent or Guardian Signature: _____ Date: ___/___/___