

2011

VACATION BIBLE SCHOOL  
REGISTRATION FORM  
(PLEASE PRINT)

Shirt Size: Please mark correct size

Children's 2-4 6-8

10-12 14-16

Adults S M L XL XXL

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

In the event that we cannot reach you at the number above, who else may we call?

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) Administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or, Dr. \_\_\_\_\_, (preferred dentist) 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 reasonably accessible hospital.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history include (ie: medicine allergies, food allergies, sugar, chocolate, etc.): \_\_\_\_\_

I give permission for my child's photograph to be taken and used for publication and website purposes.

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mail to:  
Free Christian Church of God  
PO Box 473  
Continental, OH 45831