

# Barrs Mill Church of God

## Vacation Bible School

### Registration



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

ADDRESS: \_\_\_\_\_

\*PARENT'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

### SHIRT SIZE (Circle One)

**Youth:** S L      **Adult:** S M L XL XXL

(The registration must be turned in by July 23 to guarantee a t-shirt)

Do you have a home church?      YES      NO

### 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 options of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery, are obtained prior to the performances of such surgery. Facts concerning the child's medical history include (i.e., food allergies, sugar, chocolate, etc.):

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_