

Barrs Mill Church of God

Vacation Bible School

Registration



Name _____ Age: _____

Address: _____

*Parents' Address (if different): _____

Phone: _____ Work: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

SHIRT SIZE (Circle One)

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

(The registration must be turned in by Sun. June 10 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 practitioner is not available, by another licensed Physician or Dentist;

AND

(2) the transfer of the child to _____ (preferred hospital) or any reasonable accessible hospital.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performances of surgery. Facts concerning the child's medical history include (i.e. physical limitations, food allergies, sugar, chocolate, etc.):

SIGNATURE: _____ DATE: _____