

Child's Name: _____ Age: _____ Grade: _____ Birthdate: _____
(Last name first)

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Clear Lake Baptist Church, 555 North Forbes Street, Lakeport, CA 95453 (707) 263-3256

Event: Vacation Bible Club, Monday - Friday, 9:00 am - 11:30 am, June 25-29, 2018

TO WHOM IT MAY CONCERN:

As a parent and/or legal guardian, I do herewith authorize medical care of the following minor(s) under the direction of any licensed physician in the event of a medical emergency, during the above event, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed below.

This undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Clear Lake Baptist Church from any liability thereof.

Name(s) of Minor Child(ren): _____

Signed: _____ Date: _____

Relationship to minor child(ren): _____

Printed Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illnesses, or other conditions:

Date of last Tetanus Shot: _____

Other contacts in case of emergency: Name: _____ Phone: _____

Name: _____ Phone: _____

I also give permission for any Vacation Bible photos of my child(ren) to be posted on the church website www.clearlakebaptistchurch.org, Facebook page or powerpoint picture presentation that is shown to the parents and children each day and at the end of Vacation Bible Club.

If permission is NOT given then check here .