

GRACE FELLOWSHIP V.B.S. RELEASE FORM

Student Name: Last _____ First: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Mobile #: _____
Email Address: _____
Parent Name: Last: _____ First: _____
Emergency Contact: Name: _____ Phone: _____
Child: M or F Grade going in to _____ Birthdate: MM/D/Y _____

EACH CHILD WILL NEED A SEPARATE REGISTRATION FORM FILLED OUT FOR THEM.

Please, PRINT OUT ENTIRE FORM, SIGN AND BRING ON FIRST DAY OF V.B.S.

VACATION BIBLE SCHOOL MEDICAL and PHOTO AUTHORIZATION FORM

While we will do all we can to keep each child safe, we realize that accidents can happen.
FYI: We will have a registered nurse on staff during the event.
Below you will find information we need in case of injury

PLEASE NOTE: No child may participate in VBS unless this form is filled out and signed by a parent/guardian. Thank you so much!

I agree that my child: _____ is allowed to attend the VBS sponsored by Grace Fellowship Church of Overland Park, KS. Valid for one year after date signed.

If my child should be injured, I request that I be contacted as soon as possible at phone number(s) _____ . **NOTE:** If I cannot be contacted in an emergency, by signing this form, an adult leader can authorize treatment of my child including hospitalization.

MEDICATIONS AND DOSAGES that my child must take while at VBS:

PLEASE LIST ALL ALLERGIES (INCLUDE FOOD) THAT YOUR CHILD HAS OR ANY OTHER MEDICAL ISSUES THAT WOULD BE IMPORTANT FOR US TO KNOW ABOUT:

PHOTO RELEASE: _____ *I give permission for my child to be photographed, videorecorded, or audiorecorded while participating in Grace Fellowship Church VBS activities. I understand these may be used in a GFC directory, church publications including the website, and/or promotional videos and release GFC from any liability.*

_____ *I do not want my child to be photographed, videorecorded, or audiorecorded.*

PARENT/GUARDIAN SIGNATURE:

DATE:
