

Permission Form for First Aid and Sunscreen Application

I, [Parent or Caregiver of minor child], give permission for my child(ren) to receive first aid and sunscreen application as deemed necessary during TAG's VBS.

In case of emergency, I authorize [VBS Staff/Volunteers] to seek medical treatment for my child. I understand that every effort will be made to contact me or the emergency contacts listed on the registration paperwork.

I understand that reasonable precautions will be taken to ensure the safety and well-being of my child during VBS activities.

Parent/Guardian Signature:

Date: _____