



PARTICIPANT MEDICAL RELEASE FORM
Nature Coast Church Vacation Bible School
July 8-12, 2019, 9 am to Noon
5113 S Suncoast Blvd, Homosassa, FL 34446
For Children entering K-6th grade

*** Please fill out a SEPARATE FORM for each child ***

Print Child's First & Last Name: _____

Child's DOB: _____

Parental/Guardian Consent: In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to Nature Coast Church to seek and authorize emergency medical care to be given to my child named above. (For example; first aid, medication, anesthesia, or surgery.) Nature Coast Church will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Physician Name: _____

Phone: _____

List Special Considerations (allergies, medical or behavioral conditions). If NONE, check this box

Please submit this form in one of the following ways:

<p>Mail completed forms to: Nature Coast Church Attn: VBS Registration 5113 S Suncoast Blvd Homosassa, FL 34446</p>	<p>Fill out, scan, and email to: amy.naturecoast@gmail.com</p>	<p>Fill out, and bring with you on the first morning of VBS. <i>Copies will be available at the registration table, but filling it out in advance will speed up the check-in process.</i></p>
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