



Vacation Bible School Medical Release Form

My Child _____ is enrolled in the Vacation Bible School program at Sanctuary Bible Church from June 10-14, 2019.

Insurance is the responsibility of EACH child/ parent who attends this program. The child above, has my consent to attend and participate in all VBS activities. In the event that I cannot be reached in an emergency, I give my permission to the attending physician to hospitalize, and secure proper treatment, and to order injection, anesthesia, or surgery for my child, and understand that all billing for service will be to me as the parent/ guardian.

Signature of Parent/ Guardian _____

Printed Name of Parent/ Guardian _____

Child's Sex _____ Age ____ Birth Date ____/____/____ Grade Entering _____

Mailing Address _____

Home Phone _____ Cell _____

Email _____

Alternate Contact/ Emergency Contact _____

Relationship _____ Phone _____

Health Ins. Co. _____

Policy and/ Group # _____ Primary _____

Primary Physician _____ Physician Phone _____

Allergies/ Health Limitations _____

Last Tetanus Shot ____/____/____