

VBS Permission and Information Sheet

Name: _____

Address: _____

My Parents/Guardian's Names: _____

Emergency Contact Numbers: _____

I am allergic to: _____

I am afraid of: _____

Any other information we should know: _____

_____ I give my permission, for my child listed above, to participate in the VBS events at First Baptist Church of Huntingburg (FBCH).

_____ I understand my child may not leave on their own, and that I am to pick up my child at the end of each day's events. The child will not be released until I (or approved escort) am(is) there to pick them up. The church will wait no longer than 30 minutes after the completion of the event for the child to be picked up.

_____ I understand that in the case of an emergency all efforts will be made to contact me on the numbers listed above. Should I not be able to be contacted, I give my permission for my child to be transported via ambulance to the nearest hospital for treatments prescribed by the administering physician.

_____ I will be responsible for all fees associated with this treatment and transportation, and understand the First Baptist Church of Huntingburg will not cover any fees associated in any way with said treatment.

_____ I will not hold FBCH responsible for any injury incurred while my child is participating in the VBS events.

_____ I understand I am at liberty to stay and observe VBS should I choose to do so, under the escort of a VBS guide.

(Initial all lines above. Failure to do so may prevent the child from participating in VBS)

Signature: _____

Written name: _____

Date: _____