

EMERGENCY INFORMATION

Child's Name _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Allergies _____

Medications _____

Medical Conditions _____

Other _____

Physician _____ Clinic _____ Phone _____

Dentist _____ Clinic _____ Phone _____

Medical Release

I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Church from June 28-July 2, 2010.

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent/Guardian signature: _____ Date _____

