

**Name(s) of Child(ren):** \_\_\_\_\_

**Please list two emergency contacts:**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

\* All medications sent to VBS must be in the original containers.

\* If your child is required to take any type of medication during the school year, please have your child on it the week of Vacation Bible School. Thank You! \*

**PERMISSION AND EMERGENCY AUTHORIZATION**

The child(ren) named on this form has(have) my permission to attend Vacation Bible School offered by Northview Alliance Church, during the dates of July 8-11, 2024. In the event I cannot be reached, I give permission for the staff of this program to order x-rays, routine tests and treatment for my child(ren), and for a qualified physician to hospitalize, secure proper treatment and to order injection, anesthesia and/or surgery for my child(ren) until I can be present or involved in the care. I give permission for the program staff to administer medications listed on this form.

It is understood that every precaution will be taken for the safety and well-being of my child(ren), but in the event of an accident or illness, Northview Alliance Church, its staff and its volunteers are hereby released from any liability.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name