



# Emmanuel Baptist Church Vacation Bible School

June 25-28  
9:30am-12:15pm

*Children 5 by Sept. 1st through 6th grade welcomed to attend*

Today's Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Person responsible for picking up child after VBS

Phone \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Medical Release

Allergies \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Please list any medical concerns, learning or physical disabilities, or any other information of which we should be aware (please use back of form if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

**In the event of an emergency and I cannot be reached at either number listed, I authorize Emmanuel Baptist Church to seek medical treatment for my child.**

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