



## Emergency & Medical Information Form and Consent

I, the undersigned, do hereby give my authorization for my child/children:

Children's Names: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone Numbers during the day (Home/Work/Cell): \_\_\_\_\_

Email Address: - \_\_\_\_\_

to attend and participate in Amazing Grace Lutheran's Vacation Bible School. Also, I give my consent to the VBS staff to handle any emergency situations. If I or the emergency contacts noted below are not available, I give my consent to the staff to provide any treatment deemed necessary under the advice of a licensed dentist or medical doctor and agree to pay for all costs that may be incurred. I also authorize this form to be copied for field trips outside of Amazing Grace Lutheran Church. First-Aid kits will be available on-site and for all field trips.

Physician Name & Phone #	<b>Emergency Contact Information – Please Print Clearly</b>
_____	Name: _____
Dentist Name & Phone #	Phone #'s: _____
_____	_____
Insurance Provider	Name: _____
_____	Phone #'s: _____
_____	_____

### Transportation

As part of the VBS program, I also understand that my child will be transported by contracted bus on all of the field trips from Amazing Grace Lutheran Church. *CAR SEATS: If necessary, parent needs to provide to VBS Staff.*

### Participation Issues

Please list any **special medical issues (such as asthma or allergies), chronic illnesses, food allergies or any medications** the child needs to take while on site or conditions that may cause the child to be unable to participate in any of the scheduled activities: \_\_\_\_\_

**By signing this form, I am also allowing the VBS staff to: (check all that apply)**

- take photos of my children during the week's activities
- apply sunscreen and bug spray as needed

### Parental Authorization:

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
Printed name of Parent of Legal Guardian)