



# FIRST PRESBYTERIAN CHURCH VACATION BIBLE SCHOOL 2016

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize the officials (staff and volunteers) of First Presbyterian Church to give consent for treatment for my child, \_\_\_\_\_ in the event of illness or injury. This authorization is effective from Monday, July 11, 2016 through Friday, July 15, 2016.

Current medications and dosages (If none, write "none".)

\_\_\_\_\_  
Allergies (If none, write "none".)

\_\_\_\_\_  
Medical History (If none, write "none".)

\_\_\_\_\_  
Date of last tetanus shot, if known \_\_\_\_\_

**Complete the information below regarding health care insurance, if applicable:**

\_\_\_\_\_  
Health Insurance Policy Name Policy Number

\_\_\_\_\_  
Medical Assistance Program Card Number

\_\_\_\_\_  
Military Medical Care I.D. Number

\_\_\_\_\_  
Signature of Parent of Legal Guardian (notarization below required) Date

State of Kansas

Douglas County

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
MM/DD/YYYY Name of Person

Seal, if any

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Title (and Rank)

My appointment expires: \_\_\_\_\_

# Please complete as appropriate and return by VBS Registration on Monday July 11<sup>th</sup>.

## Image Release for VBS 2016: Surf Shack – Catch the Wave!

I understand that my child(ren)\* \_\_\_\_\_

\_\_\_\_\_ may be photographed during VBS, July 11 – 15, 2016, participating in various VBS activities.

I authorize permission for photos of my child(ren) to be used in VBS morning slide shows, the Friday Finale, general worship settings, and church publications. I understand that no names of children will appear in the captions of the photos used.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\*(please list children for whom you are giving permission)

## Permission for Pick-Up by Someone Other than a Parent

- Please specify the day and give the name of the individual who will be asking for your child(ren).
- Please list all children being picked up.

My child(ren)\* will be picked up on the following days by the individual named below as noted on the days marked.

\_\_\_\_\_  
\*(Please list children for whom you are giving permission)

\_\_\_\_\_ Entire Week: \_\_\_\_\_

\_\_\_\_\_ Monday: \_\_\_\_\_

\_\_\_\_\_ Tuesday: \_\_\_\_\_

\_\_\_\_\_ Wednesday: \_\_\_\_\_

\_\_\_\_\_ Thursday: \_\_\_\_\_

\_\_\_\_\_ Friday: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)