

**Highland Park Christian Church
Medical Permission Form
Transportation for VBS**

Please fill this form out for Medical Permission and if your child(ren) require transportation to and from
Vacation Bible School at First Christian Church on June 20th and June 21st, 2014.
(Please return with your registration form)

Youth Name _____ Birth _____ Grade _____

Address _____ City & Zip _____

* Father's Name _____ ** Mother's Name _____

* Home Phone _____ ** Home Phone _____

* Cell Phone _____ ** Cell Phone _____

Parent E.mail _____ Youth Cell Phone _____

Alternate Contact (and relationship) in case of emergency _____

Home Phone _____ Alternate Phone _____

Insurance Carrier _____ Policy Holder _____

Group/Policy Number _____

Doctor's Name _____ Phone _____

Date of last physical examination _____ Last Tetanus Shot _____

List any medications presently being used _____

List medications that should NOT be given _____

Can we give Tylenol and Pepto Bismol to your child if needed? _____ Yes _____ No

Please list any medical condition/restrictions which we should be aware: (eg. diet, allergies, asthma,
insect/bee stings): _____

MEDICAL RELEASE

I / We understand that all activities will be closely supervised, and that medical and /or hospital care will be given if serious illness or injury occurs. I / We understand will be notified in case of serious illness or injury; and if I / We cannot be contacted, I / We give our permission for emergency treatment as recommended by attending physician, dentist, or hospital. I / We further release the leaders and sponsors from responsibility and liability for any accidents or illness occurring during this outing.

Signature of Parent or Guardian

Date

TRANSPORTATION

_____ has My / Our permission to be transported from Highland Park
Christian Church to First Christian Church.

Signature of Parent or Guardian

Date