St. John the Evangelist - Vacation Bible School 2019
PLEASE FILL OUT THIS EMERGENCY CONTACT FORM AND EMAIL IT TO SJEVBS20902@GMAIL.COM

| Child #1 Name (Last, First)  |  | Date of Birth   |  | Grade Fall of '19  |
|--|--|---|--|--|
|  |  |   |  |  |
|  |  |   |  |  |
| Child #2 Name (Last, First)  |  | Date of Birth   |  | Grade Fall of '19  |
|  |  |   |  |  |
|  |  | D ( CD: 41  |  | C 1 E H 6 (10  |
| Child #3 Name (Last, First)  |  | Date of Birth   |  | Grade Fall of '19  |
|  |  |   |  |  |
| Parent/Guardians' Name (s) (Last, First)   |  | Parent Email  |  |  |
|  |  |   |  |  |
|  |  |   |  |  |
| Home Phone   | Work Phone   |   | Cell   |  |
|  |  |   |  |  |
|  |  |   |  |  |
| Address  |  | City  |  | State/Zip  |
|  |  |   |  |  |
| Emergency Contact (Other than a parent)  |  | Relationship  |  |  |
|  | -7   |   | · F  |  |
|  |  |   |  |  |
| Home Phone   | WI. DL   |   | Call   |  |
| Home Phone   | Work Phone   |   | Cell   |  |
|  |  |   |  |  |
| Physician's Name   | Physician's Phone Number   |   |  |  |
| r nysician's Ivaine  | Physician's Phone N  | lumber  | Physician's A  | Address  |
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| Health Information - Please describe any a   | allergies, dietary or hea  | lth concerns your child   | d has, and how t   | he condition is handled:   |
| Health Information - Please describe any a Authorization of Emergency Medical Tro Should a medical emergency arise during m  | allergies, dietary or hea eatment ny child's participation   | lth concerns your child   | d has, and how the Bible School, I   | he condition is handled: understand that reasonable  |
| Health Information - Please describe any a   | allergies, dietary or hea<br>eatment<br>ny child's participation<br>nergency contact person  | Ith concerns your chile<br>in St. John's Vacation<br>n at the phone number  | d has, and how the Bible School, I (s) listed above.   | he condition is handled: understand that reasonable If it is believed that my  |
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