



SAINT JOHN THE EVANGELIST

Vacation Bible School 2015

PLEASE FILL OUT THIS EMERGENCY CONTACT FORM AND EMAIL IT TO SHANNONGGARVEY@GMAIL.COM

Child #1 Name (Last, First)	Date of Birth	Grade Fall of '15

Child #2 Name (Last, First)	Date of Birth	Grade Fall of '15

Child #3 Name (Last, First)	Date of Birth	Grade Fall of '15

Parent/Guardians' Name (s) (Last, First)	Parent Email

Home Phone	Work Phone	Cell

Address	City	State/Zip

Emergency Contact (Other than a parent)	Relationship

Home Phone	Work Phone	Cell

Health Information - Please describe any allergies, dietary or health concerns your child has, and how the condition is handled:	
Authorization of Emergency Medical Treatment Should a medical emergency arise during my child's participation in St. John's Vacation Bible School, I understand that reasonable efforts will be made to contact me or my emergency contact person at the phone number(s) listed above. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my emergency contact would cause, I consent to the administration of medical treatment deemed necessary by the medical doctor and/or medical facility and the immediate administration of life sustaining measures deemed necessary under the circumstances.	
Signature of parent	Date

Photograph Consent Do you give consent for your children to be photographed during VBS? Photos will be shown at closing program and may be used on the St. John's website or publicity materials. YES c NO c
Signature of parent