# VACATION BIBLE SCHOOL REGISTRATION 2019

Child(ren)'s Last Name _____ Home Phone _____

| First Name | Age | Date of Birth | Grade |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Email Address _____

Address _____ City _____ Zip _____

Mother Name _____ Father Name _____

Address _____

City/Zip _____

Home Phone Number _____

Cell or Work Phone Number _____

Family Physician Name, Address & Phone _____

Medical Insurance Company Policy # _____

Date last tetanus booster _____

**Please list any known allergies to drugs, food, etc. (if applicable, please write-in 'none')**

_____

**Please list any known medication taken or pertinent information (if applicable, please write-in 'none')**

_____

EMERGENCY CONTACT – Please list in order of preference

| | Name | Relationship to child(ren) | Primary Phone Number Include Area Code | Secondary Phone Number Include Area Code |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**PLEASE FILL OUT and SIGN OTHER SIDE >>>>>>>>>>>>>>>>>>>>>>>>>>>>**

# Vacation Bible School PARENT MEDICAL RELEASE 2019

Penngrove Community Church
9970 Oak Street  P.O. Box 200  Penngrove CA  94951  707/795-5919

(I)(We), the undersigned, parent(s) of, _____
a minor(s), do hereby authorize PENNGROVE COMMUNITY CHURCH VACATION BIBLE LEADERSHIP TEAM as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical Staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil code of California.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases PENNGROVE COMMUNITY CHURCH (where child attends VACATION BIBLE SCHOOL) and its employees/VBS Leaders, and the facility being visited (i.e.9989 Oak Street).

I also authorize VACATION BIBLE Leadership Team Members to handle minor injuries to my child (i.e. possible Game Time cuts and scrapes) on site at Penngrove VBS Club.

Dated _____ Parent Signature _____

Dated _____ Parent Signature _____

If you attend church, please list where you attend:
_____

Thank You!

**PLEASE FILL OUT OTHER SIDE>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**