



**Yellow Creek Baptist Church**  
**Vacation Bible School Registration Form**  
**Monday, June 29rd - Friday, July 3rd**  
**9:00am - Noon each day**  
**Ages 3yrs - 6<sup>th</sup> grade**

*Please Print Clearly and Return to the Church Office ASAP.*

**Child's Name** (One Form Per Child): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

**Allergies or Medical Concerns? :** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**How did you hear about YCBC's VBS:** \_\_\_\_\_ **Home Church:** \_\_\_\_\_

**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached*. **FILL OUT ONLY PART I or PART II.**

**PART I – GRANT TO CONSENT**

In the event reasonable attempts to contact me at (phone #) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. \_\_\_\_\_ at phone # \_\_\_\_\_ or (Dentist) Dr. \_\_\_\_\_ at phone # \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) \_\_\_\_\_ or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART II – REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish the church authorities to take no action but to do the following:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note that your child may be photographed for our end of the week slide show & publicity purposes. If you do not consent to this please sign here: \_\_\_\_\_.*