



**Vacation Bible School
New Wilmington Presbyterian Church**

**June 12 - 16
9am - noon**

Contact Linda Black (linda@nwpresby.org) for more information!

Child 1 name: _____ Gender: _____
Age: _____ Birth date: _____ Last grade completed: _____
Medications, allergies or medical conditions: _____

Child 2 name: _____ Gender: _____
Age: _____ Birth date: _____ Last grade completed: _____
Medications, allergies or medical conditions: _____

Child 3 name: _____ Gender: _____
Age: _____ Birth date: _____ Last grade completed: _____
Medications, allergies or medical conditions: _____

Parents' names: _____
Mother's Cell Phone: _____ Mother's E-Mail: _____
Father's Cell Phone: _____ Father's E-Mail: _____
Home Phone: _____

Emergency Contact Information:
Names: _____ Cell Phone: _____
Names: _____ Cell Phone: _____

Names of those authorized to pick-up child(ren): _____

(SIGN & DATE BACK OF THIS FORM!)

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid until redacted in writing by parents.

General: I give my consent for my child(ren) to attend meetings, activities, and events, both on site and off site. I will be provided specific event information in advance of any activity that will be taking place off- site.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release New Wilmington Presbyterian Church, its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Transportation: Should transportation be needed, I agree to allow my child(ren) to ride with children, leaders, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will be provided seatbelts. If no such permission is granted, I agree to transport my child(ren) to and from any offsite event. I understand that it is my child(ren)'s responsibility to wear his/her seatbelt.

I agree with the above releases.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

PLEASE NOTE THAT A HARD COPY OF THIS FORM IS REQUIRED.
If you are completing this form at home, please print and mail it to

NWPC
229 S. Market Street
New Wilmington, PA 16142

You may also drop it off at the Church Office.