

VBS 2009 Medical and Photography Permission Form

Please read and complete the following information for each child you have attending Vacation Bible School. Please bring the completed form to the child's classroom teacher the first day of VBS.

Child's Name: _____

Medical Insurance Information

Medical Insurance: YES____ NO____

Insurance Company: _____

Policy/Group ID#:_____

Medical Treatment Permission

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Permission to Use Photographs:

I give my permission for my child to be photographed and allow Aldersgate UMC to release said pictures for church promotional purposes.
YES ____ NO ____

Parent/Guardian Signatures

Signature: _____ Date: _____

Signature: _____ Date: _____