

# Vacation Bible School CONSENT FORM

## University Baptist Church

1223 West Main Street  
Charlottesville, VA 22903



### Contact Information

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Other person(s) and/or number(s) to call in emergency  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Information

Is your child presently being treated for an injury or sickness or taking any medication?

Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

### Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all Vacation Bible School and Camp activities with **University Baptist Church**. Further, I certify that my child is physically able and adequately prepared to participate in all recreational and sporting events.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand University Baptist Church will not be responsible for medical expenses incurred on the basis of this authorization.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date