EMERGENCY INFORMATION

Medical Conditions Other Physician Clinic Phone Dentist Phone Clinic Phone I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Chu	Child's Name		
Name	Emargancy Contacts		
Name			
Allergies	Name	Relationship	Phone
Medical Conditions Other Physician Clinic Phone Dentist Clinic Phone Medical Release I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Chufrom June 28-July 2, 2010. In the event of an emergency where medical treatment is required, and I or named contacts are unable t reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed	Name	Relationship	Phone
Physician	Allergies		
Physician	Medications		
Physician	Medical Conditions		
Medical Release I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Chufrom June 28-July 2, 2010. In the event of an emergency where medical treatment is required, and I or named contacts are unable treached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed	Other		
Medical Release I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Chu from June 28-July 2, 2010. In the event of an emergency where medical treatment is required, and I or named contacts are unable t reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed	Physician	Clinic	Phone
I give my permission for my child(ren) to attend Vacation Bible School at Campbell United Methodist Chu from June 28-July 2, 2010. In the event of an emergency where medical treatment is required, and I or named contacts are unable t reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed	Dentist	Clinic	Phone
from June 28-July 2, 2010. In the event of an emergency where medical treatment is required, and I or named contacts are unable t reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed	Medical Release		
reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed		child(ren) to attend Vacation Bible School	at Campbell United Methodist Church
	reached by phone, I authori	ze the church staff sponsors of this event to	o obtain the services of a licensed
Parent/Guardian signature:Date	Parent/Guardian signature:		Date

