

Parental Consent and Registration for VBS Form

Geneva Baptist Church

Name of Participant: _____ **Age:** _____ **Birth Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: () _____ **Parent Work or Cell Phone: ()** _____

Any other Emergency Contact Name and #: _____

School: _____ **Grade (just completed):** _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Geneva Baptist Church.

We (I) authorize an adult, in whose care the minor has been entrusted, consent to any 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 or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. During Vacation Bible School, LPN Lisa Skelly will be available as needed for minor injuries and general needs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Geneva Baptist Church. Transportation Request **(706) 269-3619**.

Permission to Use Photos on the Internet:

Before your child's photo can be displayed on our church website or our commencement slideshow, we must have your permission to take your child's photo.

I understand that my child's photo may be published on the web, Facebook or blog pages etc., of Geneva Baptist Church.

____ **Yes**, you may use my child's photo on the Geneva Baptist Church website, Facebook or blog pages etc.

____ **No**, you may NOT use my child's photo on the Geneva Baptist Church website, Facebook or blog pages etc.

Hospital Insurance? Yes: _____ No: _____ Hospital Preference if needed: _____

Insurance Company: _____ Policy: _____

Please list any allergies or special medical problems your child may have. Put NONE if your child has no allergies.

T-Shirt Size: Circle One: **Child's:** XS S M L XL **ADULT:** S M L XL 2XL

Signature of Parent/ Legal Guardian: _____

Date: _____