

# K4J 2019 EMERGENCY FORM

## One Form per Child

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current School Grade Entering in the Fall: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Circle best contact #

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Allergies: \_\_\_\_\_

**If your child has food allergies you must send their snack.**

Please add any other comments or things we might need to know about your child.

\_\_\_\_\_  
\_\_\_\_\_

Special Medical Information: \_\_\_\_\_

**A: Medication will not be administered at Vacation Bible School.**

I consent to the administration of the following to my child as determined necessary by the staff.

- |                                                          |                    |
|----------------------------------------------------------|--------------------|
| 1. Standard first aid procedures (wound care).           | Yes _____ No _____ |
| 2. Over the counter antibiotic ointment applied to cuts. | Yes _____ No _____ |
| 3. Caladryl lotion applied to rashes or insect bites.    | Yes _____ No _____ |

**B: Photo Release:** I give permission for my child to be photographed during K4J activities.

Photo may be used for promotion of K4J. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_