

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 _____