

RAINFOREST ADVENTURE

Southminster Presbyterian Church Vacation Bible School

August 18 – 22, 2008

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Child's age: _____ Last school grade completed: _____

Home congregation (if any): _____

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: _____ Relationship: _____

Telephone: _____

Please list any allergies (including food allergies) the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day: Must have ID!

Name: _____ Relationship: _____

Telephone number: _____

By signing this form I agree to allow my child to participate in all activities planned by Southminster Presbyterian Church in conjunction with the church's Vacation Bible School. I

understand that every precaution will be taken to insure the safety of my child while attending. In case there is a medical emergency, I hereby give my permission for the staff of Southminster Presbyterian Church to seek medical aid, including emergency room treatment. I also understand that every attempt will be made to contact me or emergency contact listed above in the event of a medical emergency.

Signature of parent/guardian: _____

Printed Name of parent/guardian: _____