

PERMISSION AND RELEASE FORM

First Presbyterian Church
390 NE 2nd Street
McMinnville, OR 97128
503-472-6256

Name _____ Grade _____ Birthdate _____

Home Phone # _____ Cell Phone # _____

Email _____

Address _____

City _____ State _____ Zip _____

Allergies/Medication or Significant Information: _____

Parent(s) Name(s) _____

Health Insurance _____ Policy# _____

Family Physican _____ Phone# _____

Emergency Contact _____ Phone # _____

I hereby give permission for my son/daughter to attend Vacation Bible School at First Presbyterian Church, July 10th-13th. I also agree to direct my son/daughter to cooperate with the directions and instructions of the supervisory personnel in charge of VBS. I understand that if my son/daughter is not able to abide by the directions and instructions of the supervisory personnel, he/she will be sent home at the parent's expense.

I also understand that in the unlikely event of an accident or illness, every effort will be made to contact me at the phone numbers given above. In the event that I cannot be reached, I hereby authorize the adult leaders of First Presbyterian Church to take whatever medical attention deemed necessary, including securing the opinion and service of a physician or hospitalization.

During the event or activity photographs may be taken to be included in the newsletter or on the website. Please check this box to give permission for your child to be photographed.

Signed _____ Date _____