

NORTH SEWICKLEY PRESBYTERIAN CHURCH
VACATION BIBLE SCHOOL
REGISTRATION - HEALTH & EMERGENCY FORM

Please complete all information. This will be used in the unfortunate situation that an injury may occur during one of our events. We pray that we will never have to use it, but we always want to be prepared.

Child's Name _____

Address _____

City _____ Zip _____

Birth date _____ Grade Completed _____ Age _____

Home Phone _____ Email address _____

Parent or Guardian Names _____

Parent/Guardian Work/Cell _____

Parent/Guardian Work/Cell _____

Name of individual to contact in the event of emergency that can make decisions on your behalf if you are unavailable:

Name _____ Phone # _____

Relationship _____

Allergies _____

Family Physician _____ Phone # _____

Do we have permission to use your child's image and/or name on the church's website or social media sites?
YES _____ NO _____

I give permission for my child to participate in the North Sewickley Presbyterian Church Vacation Bible School. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the leaders of North Sewickley Presbyterian Church Vacation Bible School, to order x-rays, routine test and any emergency treatment that may be judged necessary, to hospitalize and secure proper treatment for the child named on this form. I further release from any liability North Sewickley Presbyterian Church, any of its ministries or leaders in the event of an accident en route, during and returning from the above-mentioned program. This agreement does not apply to claims for intentional misconduct or gross negligence. I understand that every effort will be made to contact parents/guardians in case of emergency.

Signature: _____

Relationship: _____ Date: _____