

Mission Road Church

VACATION BIBLE SCHOOL

June 24 - June 28
9 am - 12 pm

Vacation Bible School Application Form (one application per child)

NAME & ADDRESS:

(first name) (last name) (grade)

(street address) (birthday)

(city) (zip code) (father's work phone no.)

(home phone no.) (mother's work phone no.)

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CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

We, the undersigned parents or guardians of the above named minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician or at a licensed hospital.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize MISSION ROAD SEVENTH-DAY ADVENTIST CHURCH VACATION BIBLE SCHOOL or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to MISSION ROAD SEVENTH-DAY ADVENTIST CHURCH VACATION BIBLE SCHOOL.

The above named child _____ is _____ is not covered by parent's health insurance.

Present insurance co. _____ Policy no. _____

List any allergies _____

Has applicant had a tetanus shot? _____ no _____ yes Date _____

List medications child is taking: _____

Parent/Guardian _____

Parent/Guardian signature _____