



VBS 2019

Consent Form

I give my consent for the following child (children) to attend and participate in Vacation Bible School activities at Foothills Baptist Church.

Child 1 _____ Child 3 _____

Child 2 _____ Child 4 _____

I hereby release Foothills Baptist Church and its VBS staff from all liability that might be incurred during said attendance and participation. In the event of an emergency when I cannot be reached, I give permission for the church to seek medical care for my child and for the attending physician to hospitalize and secure proper treatment for my child and to order medications, injections, anesthesia, or surgery as needed. I understand that I will be billed for all services rendered and that insurance is my responsibility.

Parent Signature _____ Date _____

Parent Cell # _____ Texts OK? ___ Yes ___ No

Dr. Name _____ Dr. Phone # _____

Insurance Co. & Group # _____

**WE CANNOT ACCEPT YOUR CHILD'S REGISTRATION WITHOUT
A COMPLETED AND SIGNED COPY OF THIS FORM.**