

Student's name _____ Male/Female _____

Age _____ Last school grade completed _____

Parent/Guardian name _____ Phone # (____) _____

Alternate/Emergency Phone #(____) _____ E-mail address: _____

Address _____ City _____ State _____ Zip _____

Home church _____ City _____ State _____

Emergency contact (*If other than Parent/Guardian*) _____ Phone # (____) _____

Allergies/Medical conditions _____

Food Allergies/Diet Restrictions _____

Person other than parent/guardian authorized to pick up child _____

I hereby authorize my child to participate in Vacation Bible School at Grace Baptist Church, South Paris, Maine. I understand that I will be notified in the case of a medical emergency involving my child. However, in the event my child is injured or becomes ill and I cannot be reached, I authorize the provision of necessary medical services. I understand that Grace Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Parent / Guardian Signature _____ Date _____

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