

Last Initial

First Presbyterian Church San Pedro
731 Averill Ave., San Pedro, CA 90731
(310) 832-7597

RM #

Vacation Bible School – SONFORCE KIDS
July 30th, 2007 – August 3rd, 2007 & August 5th, 2007

ONE CHILD PER FORM

GRADE: _____
In September 2007

Child's Last Name _____ First: _____

Birth Date: _____ School: _____

Friend(s) to Be With In Class: _____

Parent/Guardian's Name(s): _____

Siblings Names & Ages: _____

Home Church: _____

Fold here

Child's LAST Name: _____ First: _____
Home Phone: _____ Parent's Work: _____
Cell Phone: _____
Address: _____
Emergency Contacts: Name: _____ Phone: _____
Name: _____ Phone: _____
Doctor: _____ Phone: _____
Insurance Information: _____
Special Information/Instructions/Allergies: _____
Authorization for Treatment: If I am unavailable in an emergency situation, I hereby consent for the church staff to administer First-Aid to my child/youth or to select medical personnel to order x-rays, routine tests, treatment, to release records necessary for insurance purposes; and to provide and/or arrange necessary transportation for my child/youth. I give permission to the physician selected to secure and administer treatment, including hospitalization for my child/youth.
Parent or Guardian Signature _____ Date: _____