



VBS 2009 Medical Release

Instructions:

1. Print this form
2. Fill in appropriate information
3. Sign & date
4. Bring with you to VBS and turn in at the registration desk

(This form must be on file with the church for your child to participate in VBS)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Parent(s) Name(s):

Emergency Contact Number(s):

Home phone _____,

Mom's cell: _____,

Dad's cell: _____

Work phone _____,

Neighbor/Relative _____

In the unlikely event of a medical emergency, I authorize Clifton Park Center Baptist Church personnel to seek appropriate medical attention for my child(ren)

Signature of Parent or Guardian Date



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