



VBS 2008 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



Clifton Park Center Baptist Church
713 Clifton Park Center Road
Clifton Park, New York 12065
371-6023
cpcbc@cliftonparkcenterbaptist.org
www.cliftonparkcenterbaptist.org

