

FPC VACATION BIBLE SCHOOL 2017
PARENTAL CONSENT/MEDICAL FORM
PLEASE ATTACH A COPY OF YOUR INSURANCE CARD!!

The undersigned does hereby give permission for our/my child/children

_____ to attend and participate in Vacation Bible sponsored by First Presbyterian Church, Myrtle Beach, SC.

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/children pursuant to this authorization.

Should it be necessary for our (my) child/children to return home due to medical reasons or otherwise, the undersigned will assume all transportation costs.

The undersigned does also hereby give permission for our (my) child/children to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by FPC.

Hospital Insurance? Yes No

If yes, which insurance company? _____

Policy # _____ Name of Insured _____

PHOTOGRAPHY AND VIDEO RELEASE

I agree that photographs and/or videotaping of our VBS, which may include your child/children may be used for promotional or informational purposes.

Initial here please _____

Signature of Parent/Guardian _____

Date _____