



Join St. James United Methodist Church for VBS

2019 VBS Parental Consent and Medical Authorization

Name of Child/Youth _____ Grade: _____ Age: _____

Address: _____

Daytime/Cell Phone: _____ Evening Phone: _____

As the parent (or legal guardian) of: _____

I understand that my child/youth will participate in a number of activities for VBS in which may carry them to a certain degree of risk. Some of the activities are field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth's activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities.

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

Medical Treatment Authorization

It is my understanding that the Church will attempt to notify me in case of medical emergency involving my child/youth. If the church cannot reach me, then I authorize the Church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the Church if I feel there are any health considerations that would prevent my child's/youth's participation in any of the activities listed above.

I acknowledge that pictures are taken during VBS to be shown in video clip during closing each day. Additionally, I acknowledge that their picture maybe used in other situations pertaining to reviewing and promoting VBS which may include video, photos, electronic and website.

Allergies or other health concerns: _____

Signature of Parent or Guardian _____

DL # _____ State _____

Witness _____ Date _____

Location: St. James UMC
845 87th Ave. N.
St. Petersburg, FL. 33702
727-576-3919

Dates: 07/29/2019 -08/02/2019

Time: 6:00 pm – 8:30 PM (Friday 9:00 pm)

Please sign up at 727-576-3919 or bring form to VBS