



*Children are very important to us at Village Church.  
We want your child to feel love, trust, comfort, and a sense of well being while  
in our care. Please help us by providing the following information:*

IN HOUSE USE ONLY		
Date Received	_____	
420-05 _____	Ck # _____	Cash <input type="checkbox"/>
420-14 _____	Ck # _____	Cash <input type="checkbox"/>
420-15 _____	Ck # _____	Cash <input type="checkbox"/>
NOTES:		

**3** Please tell us a little about your child(ren) -- likes, dislikes, etc.

**4** Please check:  Village Church Member  Village Preschool Family  KDO Family  Community Member

Please check:  Yes  No I grant permission for my child(ren)'s picture to be used in church publicity.

**5** Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Allergies or special needs \_\_\_\_\_  
**(If no allergies or special needs, write none.)**

Include activities that your child cannot participate in \_\_\_\_\_

Name and Telephone number of people to contact if parents cannot be reached:

Name _____	Name _____
(relationship)	(relationship)
Telephone _____	Telephone _____

Names of other people to whom child may be released \_\_\_\_\_

**6** AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT and/or TRANSPORTATION

To whom it may concern:

- I, \_\_\_\_\_, give permission for Village Church authorized staff to transport my child(ren), \_\_\_\_\_, on a church-sponsored field trip.
- I further authorize a representative of Village Church or 2012 Summer Leader to take my child(ren) to the hospital/physician listed below and/or Med-Act for emergency treatment should the need arise while my child(ren) are in the custody of any of the Village Church summer programs.
- I hereby give permission to the church representative to sign and effectuate any release, waiver, or other written agreement by any hospital, physician, or other medical provider in order that my child(ren) may receive such medical attention.
- My child(ren)'s immunizations are up-to-date and can participate in all activities unless otherwise stated above.

_____ Hospital/Physician of preference  _____ Signature of parent/guardian <b>(Please wait to sign in the presence of a notary)</b>	_____ Notary Signature  Date _____ Seal:
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