

COPPERFIELD BIBLE CHURCH

VBS REGISTRATION

Children's Information

First Name	Last Name	Date of Birth	Grade Next Fall

Parents' Information

Parents' Names:			
Address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
E-mail Address:	Name of Home Church:		

EMERGENCY HEALTH INFORMATION AND MEDICAL RELEASE

In the event that _____ (list all children registered) become/becomes ill or sustains an injury while at VBS at COPPERFIELD BIBLE CHURCH, Houston, Texas, I, the undersigned parent or guardian, give my permission to those in charge to take whatever steps necessary to stop any bleeding, administer first aid, or to take the above child/children to the nearest doctor or hospital for the purpose of receiving medical treatment. I consent to an x-ray examination, anesthetic, medical (or dental) diagnosis and treatment, including invasive procedures and hospital care, as well as the administration of drugs or medicine to be rendered to said child/children under the supervision and upon the advice of a duly licensed physician and/or surgeon. I understand that this consent will apply to all emergency situations until written revocation is made by me.

I ALSO ASSUME RESPONSIBILITY FOR ANY MEDICAL AND EMERGENCY EXPENSES IN THE EVENT OF ACCIDENT, INJURY OR OTHER INCAPACITY, REGARDLESS OF WHETHER I HAVE AUTHORIZED THE SAID EXPENSES.

NAME OF INSURANCE COMPANY:

POLICY/ID NUMBER:

GROUP NUMBER:

PHONE:

LIST ANY MEDICAL, PHYSICAL OR OTHER LIMITATIONS, INCLUDING ANY ALLERGIES:

DOCTOR'S NAME:

DOCTOR'S PHONE:

SIGNATURE:

DATE:

IF THE ABOVE CANNOT BE REACHED, PLEASE NOTIFY THE FOLLOWING:

NAME:

PHONE: