

Agoura Bible Fellowship

VBS Registration and Medical Release

“SONQUEST” July 19 – 23, 2010 • Registration Fee: \$22.00

Parents: Please include ALL of the information requested. It is necessary for the proper care of your children. Thank you!

Child's Name _____ Age _____ Birthdate _____

Address _____

City _____ Zip _____ Home Phone _____

Grade Just Completed _____ Friend your child would like to be with _____

Mother's Name _____ Cell or Work Phone _____

Father's Name _____ Cell or Work Phone _____

In Emergency, Notify _____ Phone _____

Family Doctor _____ Phone _____

Insurance Company Name _____

Insurance Policy and/or Group Number _____

Medications Currently Taking _____

Date of Last Tetanus Shot _____ Allergies _____

Other Medical Information We May Need To Know _____

I, the undersigned parent or guardian of _____ do hereby authorize the Children's Ministry leadership of Agoura Bible Fellowship, Agoura Hills, CA, to act as agents for the undersigned to consent to emergency medical care by a qualified physician in the event of injury or illness of my child during the week of July 19-23, 2010. I release the leadership of Agoura Bible Fellowship for all liability, and accept responsibility for any medical expenses incurred in the case of emergency treatment. I accept responsibility for communicating all necessary information to the ABF staff regarding any medical conditions or limitations my child may have.

Under Section 25.8 of the California Civil Code, I consent to any x-ray, examination, anesthetic, hospital, or medical treatment for my child when deemed advisable and to be rendered by a physician licensed under the provision of the medical practice act in which stated treatment is rendered. It is understood that said physician will render such medical treatment as deemed necessary in his/her best judgment. Every effort will be made to contact the parent or guardian.

Signature _____ Date _____

Print Name _____

