

MAKER FUN FACTORY

VACATION BIBLE SCHOOL
 BREATH OF LIFE MINISTRIES
 SHILOH CHURCH
 7000 So. Michigan Ave. Chicago, IL 60637
 For more information, please call 256.929.6460.
 JULY 22 - AUGUST 5, 2017



Please complete **one** form per child.

CHILD'S INFORMATION

First:

Last:

Birth date:

Age:

Sex: M F

Street address:

Home: ()

Apt/Unit:

Cell: ()

City:

State:

ZIP Code:

Parent's/Guardian's Name:

Parent's/Guardian's Phone:

Home: ()

Cell: ()

Siblings who will also be attending VBS:

Persons to be Contacted in case of emergency

Name:

Phone: ()

Relationship to child:

Name:

Phone: ()

Relationship to child:

Name:

Phone: ()

Relationship to child:

MEDICAL CONDITION

Does your child have any medical condition(s) that we should be aware of? (allergies, medication, etc) Yes NO

If so, please explain...

In the event I cannot be reached, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child as named above.

Patient/Guardian signature

Date

I give permission for my child to have their picture taken for the purpose of church VBS

Patient/Guardian signature

Date