



**FIRST UNITED METHODIST, 270 Main Street, Savannah, TN, 38372
2009 VACATION BIBLE SCHOOL**

EMERGENCY CONTACT & RELEASE FORM (also need to fill out Registration form)

This form with the Registration Form MUST be completed for each child & signed by a parent or legal guardian BEFORE the child can attend VBS. Please return to the church office (at address above).

Child's Full Name _____

Date of Birth _____ Age _____

EMERGENCY INFORMATION (We must have 2 contacts):

Emergency Contact # 1 _____

Phone Number _____ Cell phone/pager _____

Emergency Contact #2 _____

Phone Number _____ Cell phone/pager _____

Child's Doctor _____ Phone _____

Insurance Company _____ Policy No. _____

Child's Allergies, Medical Conditions, Special Needs: _____

Please bring any medicines your child may need to check-in on the first day of VBS.

MEDICAL TREATMENT/RELEASE STATEMENT

In the event you are unable to reach me in the case of injury or accident, I give permission for treatment as deemed necessary. I also release First United Methodist Church of Savannah, TN and staff of liability in the case of an accident involving _____ while participating in this event.
(child's name)

PHOTO RELEASE

Parents/guardians authorize First United Methodist Church of Savannah, TN to use and release the participant's name and/or image or photograph to be used by FUMC on its website, email communications, or other publications for promotional purposes or further to be used by the media in a story about the Vacation Bible School and/or FUMC's children's programs.

SIGNATURE OF PARENT OR GUARDIAN

DATE

If you have any questions, please call Laura Long at 925-3436 x15.

Please return to return to the Church Office, ATTN: Laura Long, Director of Youth and Children's Ministries, 270 Main Street, Savannah, TN 38372 before May 15, 2009.