

HOPE UCC 2019 VACATION BIBLE SCHOOL

Consent Form

To whom it may concern: The undersigned does hereby give consent for my
(our) child(ren),

1. _____
2. _____
3. _____
4. _____

to attend Hope United Church of Christ Vacation Bible School. I (we) authorize the Vacation Bible School staff in whose care the above minor has been entrusted to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to this minor in case of an emergency requiring treatment or examination. I understand that every effort will be made to contact me and that the Vacation Bible School staff is not liable for injury for attempting to receive sound medical advice in good faith during an emergency situation. I (we) agree to pay the costs of medical care and transportation for this minor child pursuant to this authorization.

Parent/Guardian Signature(s)

Date: _____