

***The Presbyterian Church in Morristown***

65 South Street, Morristown, NJ 07960

***PARENTAL PERMISSION SLIP AND RELEASE FORM***

**2018 Vacation Bible School**

*(Please fill out a separate form for each child.)*

Parents of \_\_\_\_\_  
child's name

I hereby grant permission for my child to:

- Use all of the play equipment and participate in all activities at Vacation Bible School.
- Be included in photos/audio/video whether displayed in print and/or presented on the Internet in connection with Vacation Bible School.

I hereby grant permission for the Director of Vacation Bible School to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent, guardian or emergency contact
- A call to 911

Any expenses incurred in securing emergency medical care will be borne by the child(ren)'s family.

**EMERGENCY CONTACTS:** Please indicate the person(s) authorized to be contacted in case of emergency if neither parent is available.

<b>Name:</b>	<b>Name:</b>
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:

**MEDICAL INFORMATION:** Please indicate any information we should know about your child's allergies, medical concerns, cognitive disabilities, behavioral diagnosis, etc., including if they will carry epi-pens or inhalers.

**Child's Name:**

Allergy:

Disability:

Chronic Illness:

Other Concern:

Parent's Signatures: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 03-2018 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions: Contact Alexandra Mead, Vacation Bible School Director (amead@pcmorristown.org, 973-538-1776)**