

Emergency Medical Release
(to be completed by parent or guardian)

My child, _____, has my permission to participate in Vacation Bible School, sponsored by the First United Methodist Church of Seal Beach, being held on July 10 - 13, 2017. I do further give my permission to teachers, leaders, or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my child in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastor, counselors, leaders or agents will not be held liable for any first aid rendered, or treatment, drugs, or medicines administered, or surgical procedure performed pursuant to this consent.

My child is allergic to the following: _____

My child has the following medical conditions: _____

Parent or Guardian Signature: _____
Date: _____ Phone #: _____
Alternate Emergency Contact: _____
Phone #: _____

Vacation Bible School
July 10 - 13, 2017
1:00pm - 4:30pm

**First United Methodist Church
of Seal Beach**



All Children Welcome 4yrs. – 6th grade
Learn about Jesus and his love for you
Enjoy Special Crafts
Activities and a Fun Time for All

148 10th Street, Seal Beach Ca, 90740
(562) 431-0494