

"Discovering Jesus" VBS

For ages 5-11 FREE!

Immanuel Bible Church

July 7-11, 2025

2000 W North St, Bellingham

9-11:30am

PLEASE PRINT CLEARLY

Child's Name: (first) _____ (last) _____ Age: _____

Birthdate: _____ School Grade: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Cell Phone: _____ Primary phone, if different: _____

Email: _____

Do you attend a church? _____ If so, church name: _____

PERMISSION FOR PARTICIPATION IN VBS AND FOR MEDICAL TREATMENT

We, the parents/guardians of _____, do hereby give permission for our son/daughter to participate in VBS at Immanuel Bible Church, July 7-11, 2025. In the event that he/she becomes ill or sustains an injury while in the care of Immanuel Bible Church, we give permission to Immanuel's staff or VBS leaders to take whatever steps are necessary for our child's welfare. If it is not possible to reach us to receive instruction for our child's care, consent is given to any licensed physician to administer medication and perform such surgical procedure as he/she thinks the existing emergency requires for the relief of pain and to preserve our child's life or health.

Parent/legal guardian signature: _____

Parent/legal guardian name printed: _____

Second person to contact: _____ Phone: _____

Health Insurance Company: _____

Policy or Group # _____

Allergies/notes: _____
