NOTE: WE ARE NOT PEANUT FREE. If there’s a food allergy, please provide your child’s snack each day.

Medical conditions/food allergies**/special needs we should know about:


MEDICAL INSURANCE INFORMATION (Please complete properly.)

In the event that my child (listed above) becomes ill or sustains an injury on any authorized and chaperoned event from Vacation Bible School at First Presbyterian Church of Metuchen, I the undersigned give my permission to the church and or VBS staff to take whatever steps are necessary to stop any bleeding and to administer first aid.

In the event that I cannot be reached, I consent to emergency treatment for my child, which may include emergency care, hospital care and the administration of drugs or medicine to be rendered to my child upon the advice of a duly licensed physician and/or surgeon. I will not hold the church, its staff nor its volunteers liable in the event of injury or illness involving my child except in case of gross negligence.

Medical Insurance Company ____________ ID # ____________

Primary Insured Name: ________________________________ Signature ________________________________

PHOTO AND VIDEO CONSENT

I understand that my child(ren) may be photographed, videotaped and/or recorded as part of the Children’s Ministries activities or classes and these may be included in publications, website and other social media platforms of the First Presbyterian Church.

_____ Yes, I do permit the use of photographs


Parent/Guardian Signature ________________________________ Date ________________________________