

**THE FIRST CHURCH OF EVANS  
2023 VACATION BIBLE SCHOOL  
Monday, June 26th - Friday, June 30th  
9am - Noon**



**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**completed**

**Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_ **t-shirt size** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Contact during VBS** \_\_\_\_\_

**Parent Names** \_\_\_\_\_

**Name of person(s) who will be picking up child: (please print clearly)**

\_\_\_\_\_  
*Only these individuals may pick up this child. They must have ID out and ready for inspection, and sign the form in the hall. No exceptions. Thank You.*

**Allergies, if any** \_\_\_\_\_

I give my total consent for the personnel of First Church of Evans VBS to authorize emergency care for my child. It is understood that they will attempt to secure my consent prior to exercising this authority as circumstances will allow.

I do hereby indemnify and hold harmless First Church of Evans its personnel and agents for any damages, medical costs, or liability incurred through the use of this authority and consent. In doing so I do not hold the personnel responsible for any events following emergency medical care.

I give permission for the person(s) named above to pick up my child from First Church of Evans VBS.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**