



MAIN STREET
PRESBYTERIAN CHURCH

Vacation Bible School 2017

P. O. Box 26 • 701 Main Street • Columbus, MS 39703 • 662-328-2523

ALLERGIES:

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Grade/Age This Past Year _____

Parents' or Guardians' Names _____

Home Phone Number _____ Cell Phone Number _____

Emergency Contact and Phone Number _____

Church Attended _____

CONSENT FORM

In the unlikely event of illness or accident, I give permission for Main Street Presbyterian Church to administer any appropriate first aid to be given by the designated first-aid provider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signed by Parent or Guardian _____ Date _____

TRANSPORTATION PERMISSION

If your child is to be picked up by someone other than one of the parents or guardians listed above, please tell us who will pick him or her up on each given day.

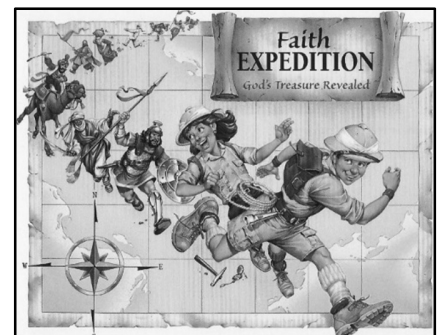
MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____



June 26-30, 2017