

**First Baptist Church of Vienna
Vacation Bible School
July 6 - 10, 2009**

PLEASE PRINT:

Last Name _____ First Name _____

Address _____ City, State, Zip _____

Phone # _____ Cell # _____ Email _____
(Please provide adult / guardian numbers if filling out form for child)

Are you a member of First Baptist Church of Vienna? Yes ___ No ___
Do you attend Church School? Yes ___ No ___
Are you a member of another church? Yes ___ No ___ If yes, what church? _____

Emergency Contact(s) _____

Emergency Contact Home Phone _____ Cell Phone _____

Medical Insurance Company _____

Family Physician _____ Phone Number _____

List Allergies (including food) _____

List Anything Else Staff Should Know _____

VBS Staff *WILL NOT* dispense medication.

First Baptist Church VBS has my permission in an emergency when my emergency contact or my physician cannot be contacted to take me to the emergency room at the nearest hospital. The hospital medical staff has my authorization to provide treatment deemed necessary.

Signature _____ Date _____
(Signature required: if under 18, parent/ guardian must sign)

*****Parent / Guardians : Please complete below for children *****

Male or Female _____ Age _____

Grade Just Completed As of June 30, 2009 _____