VBS 2025 Reg	byterian Church, PCA S June 26-30 S T C C T C C C S T C C C C C C C C C S T C C C C C C C C C C C C C C C C C C
Child's name	Birthdate
Age Gender School attending ne	ext year
Member / Visitor If you are visiting, and coming with	a friend, please tell us friend's name:
Parent(s) name	_ Address
Cell/Home) phone Work phon	e Email
Emergency contact	Emergency phone
Authorized person(s) to pick up my child	
Please circle T-shirt information:	
	nch from home 2 days).

MEDICAL INFORMATION:	<b>Physical Limitations</b>	(Asthma, diabetes	, food/other	allergies, e	etc.)
----------------------	-----------------------------	-------------------	--------------	--------------	-------

**EMERGENCY AUTHORIZATION:** I hereby give permission to medical personnel selected by NEPC leaders to provide treatment for my child in the event of an emergency. Should an emergency arise and neither the secondary contact nor myself can be reached in a timely manner, I hereby give permission to the physician selected by NEPC leaders to hospitalize, secure proper treatment, order injections and/or surgery for my child as named above.

## PHOTO RELEASE:

By signing this form, you are consenting that Northeast Presbyterian Church may use photos of your child in Northeast Presbyterian Church publications and/or website.