

PBC VBS Waiver & Authorization Form please fill in one form per child

(I) Waiver

I, (Parent's name) _____ hereby give Parkway Baptist Church (PBC) permission to take my child for the VBS indoor and outdoor activities during July 15-19, 2019. PBC will ensure that proper restraints are used and provide a safe environment. I agree that PBC will not be held responsible in case of accident and/or injury of my child.

(II) Pick up authorization

I will be responsible to pick up of my child, and I also authorize the following individuals to pick up my child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

(please understand ID might be checked)

(III) Emergency treatment authorization

*PLEASE NOTE MY CHILD IS ALLERGIC TO: _____

I give Parkway Baptist Church permission to obtain emergency treatment for my child,

Child name: _____ Child's Care Card Number: _____

Child's Physician: _____ Phone: _____

Physician's address: _____

Parent's Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone # _____

(IV) Consent of privacy

I agree with all the statements above, as well as my consent for PBC to photograph and video recording of my child during the VBS activities for future celebration and promotion usage.

Parent/Guardian signature: _____ Date: _____