

CCCFC 2011 VBS Health History Form
August 8 – August 12 8:45AM -5:00PM

Name of Student _____ Age _____ Gender _____

Birth Date: _____ Grade (2010-2011 school year, if available) _____

Parent or Guardian _____ Phone: _____

Home Address _____

Health Insurance _____

Primary Physician _____ Phone _____

Are there any conditions, diseases or allergies we should be aware of? If yes, please explain:

Is there any other health related information we should know about or activity restrictions we should provide during VBS program week?

Will your child need to take a medication while at VBS? If yes, please provide details:

I, the undersigned, hereby give permission for my son/daughter to participate in Vacation Bible School events and activities. I authorize representative of CCCFC who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the event that the student should be admitted to any hospital, or be in need of any medical treatment. I take full responsibility for all charges and fees related to treatment. I understand that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

Parent/Guardian Signature _____ Date _____