

VACATION BIBLE SCHOOL PRESENTS
DISCIPLE GAMES 2004
GOD'S TEAM IN ACTION: PAUL'S ADVENTURES

Come and experience the Creation of Gods' Wonderful World. You will learn through drama, art, music, science, games, cooking and much more. We hope that you will be able to join us for an exciting adventure. Children in preschool through Grade 6 are invited. If you have completed 6th Grade you are welcome to be a shepherd.

DISCIPLE GAMES will take place:

DATE: July 12th to 16th

TIME: 8:45 am. 12:00 p.m.

WHERE: The First Presbyterian Church

Cost: \$25.00 per student

\$50.00 per family (The cost will include supplies)



The cost includes all supplies and a tee shirt.

Please print out this form and the family consent form. Return each form with your check to the church office by, June 15, 2004. Office hours are M-F from 9:00 AM to 4:00 PM excl. 12:00-1:00 PM.

YOUR CHILD(REN) WILL NOT BE CONSIDERED REGISTERED UNTIL ALL FORMS ARE RETURNED, THE MEDICAL FORM NOTARIZED AND YOUR CHECK IS IN HAND.

Shirt sizes are: youth small, youth medium, youth large, adult small, adult medium, adult large

Child's Name	Grade as of September 2004	Date of Birth	Shirt Size

Parent or Guardian Name _____

Phone Number _____

Address _____

Volunteer helpers are always appreciated; please check here so that we may contact you.

Name _____ Phone # _____

If you have any questions, please feel free to call Mary Beth Neely at (845) 294-1173 or Susan Pierce at (845) 615-1410.

Would-be Shepherds, please contact us also.

Thank you,

**Orange Regional Medical Center/Arden Hill Campus
Goshen, New York 10924**

**AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS
(ANYONE UNDER THE AGE OF EIGHTEEN)**

Date _____ Time _____ (AM) (PM)

Name(s) of Minors	Birthdate	Date of Last Tetanus	Family Physician Name & Phone #	Allergies

I/We being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

Name	Address	Phone
First Presbyterian Church in Goshen Vacation Bible School Staff	33 Park Place Goshen, NY 10924	(845) 294-7991

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence:

Month: _____ **Day:** ____ **Year:** _____ **THROUGH Month:** _____ **Day:** ____ **Year:** _____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required. This document shall not be construed as consent to medical, dental or surgical treatment of an elective nature if such treatment can be postponed until I am available to consent to such care personally. Treatment shall be considered elective if, in the treating physician's judgment, it can be delayed until I am available to consent without serious negative impact to my child's health or welfare.

I agree that I am responsible for the costs and expenses for medical, dental or surgical care and hospitalization rendered to the above-named minor(s) at the direction of the individual(s) I/we have appointed herein.

Hospitalization coverage for the above-named minor(s):

Name of Insurance Company or Government Program

Identification or Contract Number

Parent/Legal Guardian	Home Address/Phone Number
Print Name	Business Address/Phone Number

**Address/Phone Number where parent(s)/legal guardian(s)
can be reached during period of absence for which the form
is effective.**

Witness:

Signature (Notary Public)

(Stamp)

When, in the physician's judgment, an emergency exists and your child is in immediate need of medical attention such that any delay in treatment would result in increased risk to your child's life or health, parental consent will not be required. For those situations in which other than a "true emergency" exists, you can avoid unnecessary anxious moments for your child by making sure that the person in whose care you left the child(ren) knows where you can be reached while you are away from home or, for those times when it would be difficult to contact you, you can authorize other adults to give permission for necessary medical or dental care for your child(ren).

This is a legal document. With it you may appoint other adults to consent to medical treatment for your minor child(ren) when you cannot be reached to give such consent. You can appoint relatives, friends, teachers, clergy, neighbors – anyone who is over eighteen years of age and who can be responsible for your child(ren) when you are away from them. This is especially important for times when you know it will be difficult to reach you.

Fill out this form, or one similar to it, and give it to the adult(s) who can be responsible for your child(ren) while you are away. If your child(ren) need(s) medical or dental attention, the responsible adult should present this document to the appropriate person – physician, hospital representative, or dentist. The responsible adult may then consent to treatment which, in the physician's judgment, should not wait until you are available to consent in person. This form does not authorize the appointee to give consent to elective medical or dental treatments.