MEDICAL RELEASE FORM NAME OF CHILD:			_
I WILL HELP WITH VACATI	ON BIBLE SCHOOL IN THE	OLLOWING WAYS:	-
Craft Leader		Storyteller	Science
Leader		<i>_</i>	
	Decorations Team		
	Other		
Email:			
While volunteering, I will r	need childcare in the churcl	n nursery for children.	
MEDICAL RELEASE:			
I understand that every ef	fort will be made to contac	t me in the event of any accid	ent, illness or
		eached, I hereby authorize a P	
		ever medical treatment may l	
-		tendance and treating such ir	
	gency transportation is nee	_	
	•	ance of any specific diagnosis	-
		uthority and power on the pa	•
		gnosis, treatment or hospital	
· ·	cian or nurse in the exercis	e of his/her best judgment ma	ay deem
advisable.			
A . D 1/C		halfafar alahila samatsi	
		half of my child, to participate	
-	-	ind that there are risks in my	
		assume any and all risk of bo	
		y my child's participation in \	
· · · · · · · · · · · · · · · · · · ·		urch and any of its affiliated o	_
•		claims that my child heirs and	-
		oodily injury, death, and prop	erty damage
resulting from my child's p	participation in this activity.		
Parent/Guardian Signature	e and Date		
One per child needed			
TO HELD COVED EVDENCE	S WE ADE DECLIESTING A S	30 PER CHILD DONATION FO	D THE WEEV
OR \$50 PER FAMILY.	S WE ARE REQUESTING A S	30 PER CHILD DONATION FO	N INE WEEK,
•	vable to PUMC and note VB	S in the memo or pay online	
OFFICE USE ONLY	CACH CHECK!		
DATE PAID C	CASH CHECK #		
	PAID ONLINE	_AIVIOUNT	