



## New Hope Community Church 2025 VBS Summer Camp Permission Slip / Emergency Form

### PERMISSION SLIP / EMERGENCY FORM

Your child would like to participate in the **New Hope Community Church 2025 VBS Summer Camp** scheduled for June 16 through June 20, 2025 from 9am – 1pm at New Hope Community Church located at 10438 Oro Vista Ave, Sunland CA, 91040. If your child is participating, please complete this form in its entirety. This information is necessary should we need to contact you in case of an emergency. **No child will be allowed to participate without this form being completed and signed by a parent/guardian.** The information on this form is considered confidential and will be filed away in the New Hope Community Church office.

I give my child \_\_\_\_\_ permission to participate in the:

(Name of Student) PLEASE PRINT

**New Hope Community Church 2025 VBS Summer Camp.** As the child's parent/guardian I consent to the child's participation in the activities described to me during the registration process. I understand that activities of the kind described may result in physical injury to my child but nonetheless request they be allowed to participate in those activities. By signing this form, I agree and declare that I have carefully read and understand the information provided to me, including visiting websites provided for online information, and consent to my child's participation.

### CHILD'S INFORMATION:

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Conditions requiring special consideration (medical/physical): \_\_\_\_\_

Does your child require (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): \_\_\_\_\_

**New Hope Community Church will NOT be responsible for administering any type or form of medication to children.**

### PARENTS'/GUARDIANS' INFORMATION:

Parent/Guardian no. 1 Name: \_\_\_\_\_

Parent/Guardian no. 2 Name: \_\_\_\_\_

Parent/Guardian no. 1 Phone #: \_\_\_\_\_

Parent/Guardian no. 2 Phone #: \_\_\_\_\_

Parent/Guardian no. 1 Email: \_\_\_\_\_

Parent/Guardian no. 1 Email: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

### EMERGENCY CONTACTS: (Emergency Contacts are authorized to pick up my child)

Primary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

Secondary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH INSURANCE INFORMATION:

Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

PCP Name: \_\_\_\_\_

PCP Phone #: \_\_\_\_\_

Parent/Guardian Name: (Please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_