



**Sankofa Church
Vacation Bible School
Registration Form
Monday, July 17th –Friday - July 21th
6:15- pm, Ages 4–Adult**

Participant’s Name: _____
Date of Birth: _____ Age: _____ Grade Entering: _____
Parent/Guardian Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Secondary Phone #: _____ Email Address: _____
Emergency Contact Name: _____ Phone #: _____
How did you hear about VBS: _____ Home Church: _____
Allergies or Medical Concerns: _____

**EMERGENCY INFORMATION AND MEDICAL
AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached.*

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. _____ at phone # _____ or (Dentist) `Dr. _____ at phone# _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible.

Facts concerning the child’s medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

I do not give consent for church authorities to contact any medical professionals in the event of an emergency.

Parent/Guardian Signature: _____ Date _____

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Please turn in registration forms to **Min. Connie or Rev. Ashlyn**. Forms can be mailed to: PO Box 10939 Atlanta GA 30310 or emailed to Sankofa@sankofa.church . Registration forms must be turned in by **Monday, July 10, 2017**