Joint 1st & 2nd Presbyterian Church – 2019 Vacation Bible School Meeting at 1st Presbyterian Church, 65 N. 3rd Street, Newark, OH 43055 Registration Form

Who invited you?	
Date of Birth:	Age:
City, State, Zip	
Relatio	onship:
City, State, Zip	
Home Phone:	Cell:
Cell Phone:	
	Date of Birth: City, State, Zip Relation City, State, Zip Home Phone: Relation Relation

EMERGENCY MEDICAL AUTHORIZATION

Child's Doctor:	Phone:
Child's Dentist:	Phone:

In case of an emergency, we will call 911. In case of illness or injury, and in the event reasonable attempts are unsuccessful to contact me, I give consent for the administration of any treatment deemed necessary and/or the transfer of my child to Licking Memorial Hospital. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

I hereby authorize my child's participation in the programs and activities of Second Presbyterian Church of Newark held in conjunction with First Presbyterian Church of Newark. I hereby release the Church and all of its officers, employees, members, staff and agents from any and all claims arising from my child's participation in such programs or activities.