



111 W. Monument Ave. † Dayton, OH 45402 † (937) 222-4691 † fbc@fbcd Dayton.org

## 2018 VBS Medical-Transportation Form

### “Gone Fishing” - July 9-13, 2018 - 9:30am-Noon - PreK-5<sup>th</sup> Grade

*Please don't leave any blanks. Write in either "none" or "not applicable" to complete the form.  
(Return completed forms to First Baptist at the address or email above)*

#### MEDICAL

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (completed) \_\_\_\_\_

1. Please list any medications that your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

2. Please list any allergies or other physical conditions of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

3. I/we understand that the staff will have over the counter pain relievers and simple first aid items that will be provided to participants if needed. Please list any first aid ministrations such as aspirin or antibiotic ointment which we should avoid using: \_\_\_\_\_  
\_\_\_\_\_

4. Last Tetanus Shot \_\_\_\_\_

5. In case of a medical emergency, I/we understand that every effort will be made to contact the parent or guardian. In the event I/we cannot be reached, I/we hereby give permission to the dentist or physician designated by the staff to hospitalize, secure proper treatment and/or to order an injection, anesthesia, or surgery necessary for your child.

Family Doctor \_\_\_\_\_

Insurance Co. \_\_\_\_\_

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

Insurance Policy/Group # \_\_\_\_\_

6. First Baptist Church, Dayton will not be held liable.

7. Alternate Emergency Contact (Alternate means of reaching you in case of an emergency)

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_  
(include city, state, zip code)

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### TRANSPORTATION

8. I/we hereby give permission to representatives of First Baptist Church, as a part of the Vacation Bible School program, to walk my child to and from RiverScape on Friday, July 13, 2018 to play in the water fountains and have lunch.

+ + +

My/our signature below constitutes agreement with all the terms and conditions listed under Medical and Transportation above.

\_\_\_\_\_  
Signature of parent/guardian of above named child

\_\_\_\_\_  
Date

Address: \_\_\_\_\_  
(include city, state, zip code)

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

+ + +

Child's T-Shirt Size  Small  Medium  Large

Please check here if you do not wish to have photographs of your child used in printed or electronic First Baptist Church, Dayton publications.

**Note: It is critical that the Youth Pastor (Rev. Jason Alspaugh) or VBS Coordinator (Connie Holmen) be notified and a new permission form be filled out if any of the information on this form changes.**

