

IMPORTANT: Please fill in the "VBS Medical Authorization Form" below. You **MUST** complete this form, including your signature, and return it using one of the following methods:

1. Scan and email to hopewellvbs@gmail.com
2. Drop it in the VBS box located in the church Narthex
3. Bring it with you to t-shirt handout.
4. Mail to Hopewell UMC, Attn: VBS, 852 Hopewell Road Downingtown, PA 19335

At t-shirt pick up times, T-shirts will **ONLY** be distributed, if completed medical authorization form has been received.

Thank you and we look forward to welcoming your children to VBS!

Hopewell United Methodist Church

Vacation Bible School Medical Authorization Form

List Children attending VBS:

_____ Child #1 Last name, First Name	_____ Entering Grade	_____ DOB
_____ Child #2 Last name, First Name	_____ Entering Grade	_____ DOB
_____ Child #3 Last name, First Name	_____ Entering Grade	_____ DOB
_____ Child #4 Last name, First Name	_____ Entering Grade	_____ DOB
_____ Child #5 Last name, First Name	_____ Entering Grade	_____ DOB
_____ Child #6 Last name, First Name	_____ Entering Grade	_____ DOB

I, _____, hereby authorize event staff to obtain and give consent for
(Please print) Last name, First name

medical treatment for my child for such injury or illness that may occur during the event and hereby hold
the event staff and their representatives harmless in the exercise of this authority.

Parent Signature

Date

If you have questions, email Stephanie Edwards at hopewellvbs@gmail.com

Hopewell United Methodist Church
852 Hopewell Road
Downingtown, PA 19335
<http://www.hopewellumc.org>