



First United Methodist Church

1750 Twentieth Street, Vero Beach, FL 32960 - Telephone: (772) 562-1900 - FAX: (772) 562-1970
www.verobeachfumc.org

PERMISSION FORM: Vacation Bible Camp – June 25 - July 1, 2007

Name of Child: _____ Birth date: _____

Age: _____ Phone No. : _____

Address: _____ City: _____ Zip : _____

Emergency Contact Information:

Name: _____

Phone No. : _____ Work No. : _____ Cell No. : _____

Name: _____

Phone No.: _____ Work No. _____ Cell No. : _____

Legal Guardians'
Employer: _____

I have insurance with: _____ Insurance No.: _____

List any prescription medicines your child takes on a regular basis:

List any special medical condition, illness, allergy, or other problem your child may have:

I, the undersigned legal guardian of _____ grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness. I also grant full permission to transport my child in a church vehicle. All vehicles will be driven by properly licensed, United Methodist conference approved drivers. This permission is granted for June 25 - July 1, 2007.

Parent or guardian's signature

Date