

Oceanside Christian Fellowship  
Vacation Bible School Summer 2010

Pre-School Program \_\_\_ Grade School Program \_\_\_  
(2 - 4 yrs) (K-5<sup>th</sup> grade)

Contact Information/Medical Release

Child's Full Name \_\_\_\_\_

Child's Age & grade in the fall \_\_\_\_\_

Parents Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile number & or pager \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Name & Phone number of person to contact in the event that the parent/guardian cannot be reached in an emergency \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the representative of Oceanside Christian Fellowship to secure proper treatment and/or hospitalization, an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required and to provide authority and power on the part of an OCF agent to give consent to any and all such treatment and hospitalization deemed advisable. This authorization is to be effective from August 16<sup>th</sup> through August 20<sup>th</sup> 2010.

Parent or Guardian's Signature and date

\_\_\_\_\_

Office use:

Pd: Cash \_\_\_ Check # \_\_\_ Guest Of \_\_\_\_\_

Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_