

**Heritage Baptist Church, Post Falls, ID**  
**Permission Form: Vacation Bible School**  
**July 23-26, 2018**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information: (if different than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or special needs:

\_\_\_\_\_  
\_\_\_\_\_

May we have your permission to use your child's picture in our church bulletin or video regarding VBS?

Yes \_\_\_\_\_ No \_\_\_\_\_

By signing, I give my child permission to participate in any and all church Vacation Bible School activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Child/children will be picked up at 12:30 pm by parent/guardian or person(s) designated here.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_