

VACATION BIBLE SCHOOL
July 12-16 2010 from 9:00 a.m.-12:00 p.m.
Rome Community Bible Church
2720 Mt. Baker Hwy.
Age 4 through entering 6th grade
Note: Monday registration begins @ 8:45 a.m.

Cut and return by July 12

Child's Name: _____ Grade Completed: _____

Parent/Guardian Name: _____

Address: _____
City Zip

Phone Number: _____ Alternate #'s: _____

Do you regularly attend church? _____ Name: _____

Authorization of Consent to Treatment of Minors

I, the undersigned, parents or guardian of _____ do hereby authorize the Staff of Rome Community Church as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under or specific supervision of the Medical Practice Act or the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is to provide authority and power on the part of our agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This above permission is effective during the dates of July 12-16, 2010

Signature of Parent or Legal Guardian

Date

Miscellaneous comments about the health of child: _____

Name and number of physician: _____

Alternate emergency contact person: _____