

2026 VBS PARTICIPATION PERMISSION FORM (MEDICAL & PHOTO RELEASE)

Please fill out a form for each child participating.

Where: St. Paul’s United Church of Christ, Grace United Church of Christ, & Peace United Church of Christ

When: JUNE 9, 16, 23, & 30 / 6pm-7:30pm

Name of Child _____ Age _____
Child’s Email: _____
(If applicable)

Parent’s Name: _____

Child’s Cell Phone: _____
(If applicable)

Parent’s Phone#: _____

Parent’s Email: _____

Please return this permission form by June 1st, 2026.

_____ (Please Initial) I give permission for my child to attend Vacation Bible School at St. Paul’s United Church of Christ, Grace United Church of Christ, & Peace United Church of Christ on Tuesday evenings in June from 6pm – 7:30pm.

Special instructions for my child: Is the youth allergic to any medication? Is there any other medical information that the leaders need to know? *(Such as an allergy to bee stings, asthma, a recent illness, or food allergies)*

Allergies:

Other information:

Emergency contact:

Name:

Phone:

In case of an emergency, I give permission for my child to receive medical treatment as deemed necessary by St. Paul’s, Grace, or Peace churches’ staff & volunteers. I also give permission for the UCC churches to use pictures of my child for future promotional use. I release St. Paul’s UCC, Grace UCC, & Peace UCC from any liability incurred on them for this event.

Parent/Guardian signature

Date

○ I would like to volunteer 6/23/26; when VBS is at St. Paul’s UCC.