

**First Presbyterian Church
Billings, Montana
VBS Kids Camp
July 27-29, 2020
Registration Form**

Name of Child/ren _____ Grade entering in fall _____

Emergency Contact Information:

Name _____ Relation _____

Home Phone _____ Cell # _____

Medical Insurance Carrier _____

Policy # _____

Allergies? (please list for each child)

Medications? (please list for each child)

Medical Release for Treatment of a Minor

I/We, the undersigned parents/guardian of the above mentioned minors, do hereby authorize the First Presbyterian Church of Billings, Montana, as agent for the undersigned to seek the appropriate medical attention for my child, should such attention be required while my child is attending the VBS Kids Camp.

Parent/Legal Guardian Signature _____ Date _____