

**WESTMINSTER-St. PAUL'S PRESBYTERIAN CHURCH
206 Victoria Rd. N. Guelph ON N1E 5H8 519-824-5221**

**Consent for medical attention during Vacation Bible School
August 9 - 13, 2010**

I, _____ give Westminster-St. Paul's Presbyterian Church permission to authorize a legally qualified Medical Practitioner to administer medical attention to my child in the event of an accident, sudden illness or other emergency.

I, _____ also give permission for my child to be transported, if necessary, to a physician's office or Emergency Department of the hospital by vehicle, and accompanied by two Westminster-St. Paul's VBS volunteers.

I understand that Westminster-St. Paul's VBS staff will make every effort to contact the parents at the emergency number I have provided before the above action is taken.

Child's Name: _____

Health Card #: _____
(with extension #)

Birth date: _____

Physician's Name: _____ Phone #: _____

Parent's signature: _____ Date: _____

All information will be kept confidential and shared only with those involved in VBS.