

VBS (Vacation Bible School) Permission Slip

Organization: _____

ACTIVITY DETAILS

VBS Dates * _____ T-Shirt Size * _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____ Age/Grade * _____

Parent/Guardian Name * _____

Parent/Guardian Phone * _____ Parent/Guardian Email _____

Emergency Contact Name * _____ Emergency Contact Phone * _____

MEDICAL INFORMATION

Known Allergies _____

I give permission for my child to participate in Vacation Bible School. I authorize the use of photos of my child for church promotional purposes.

Parent/Guardian Signature _____ Date _____