

Please provide any additional information that might be helpful to a physician or to us in the event of a medical emergency (please attach an allergy action plan if applicable):

IV. Permissions

We will be taking pictures of the fun during VBS for use within Mount Olivet.

Yes **No** My child(ren)'s picture may appear in the slideshows made for VBS that will be shown to the children daily and the parents on Friday night.

Yes **No** My child(ren)'s picture may appear in the Mount Olivet *Messenger* newsletter and on the website without name identification.

Yes **No** I give my child(ren) permission to leave the grounds of Mount Olivet with an adult teacher or guide for neighborhood walks around the block or to the nearby park (15th and Abingdon).

Please list anyone who has permission to pick up your child(ren) from VBS. If this area is left blank, only a parent listed above will be authorized to pick up your child(ren). Remember to include carpools, play dates, etc.

Name: _____

Relationship to child(ren): _____

Name: _____

Relationship to child(ren): _____

Name: _____

Relationship to child(ren): _____

* If you have a child with special needs, food or drug allergies, or other information you feel it is important for us to know, please complete part I & III of this document or attach a separate note for that child.