

Vacation Bible School

Medical Release and Emergency Contact Information

Student Name: _____

Parents Name: _____

In case of emergency, we will call in order listed below:

(1) _____ phone: _____ cell: _____

(2) _____ phone: _____ cell: _____

(3) _____ phone: _____ cell: _____

Please list any allergies or physical restrictions:

If the parents or emergency contacts listed above cannot be reached in an emergency, Valle Schools/Ste. Genevieve Parish will have the student transported by ambulance at the parent's expense to Ste. Genevieve County Memorial Hospital.

Parent name

Parent signature