

**VACATION BIBLE SCHOOL 2015 PERMISSION/RELEASE FORM**  
**Please return to Angle Lake Neighborhood Church**

CHILD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ BACKUP PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby grant permission for the above-named child to attend the Angle Lake Neighborhood Church sponsored function stated below.

For Kindergarten through 6<sup>th</sup> Grade on **Monday thru Friday, July 13-17, 2015 from 11am to 2:30pm**, at Angle Lake Neighborhood Church. Snacks and refreshments provided.

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES that may be relevant to a health care professional in the event of an injury:

\_\_\_\_\_

\_\_\_\_\_

In case of accident or injury, I grant permission for the sponsor or sponsors to see that any necessary medical assistance is rendered to the above-named child, if I cannot be contacted. As the parent/guardian of the above-named child, I will assume responsibility for any medical expense incurred.

I release Angle Lake Neighborhood Church (staff, sponsors and volunteers) from all financial and legal responsibility and I assume responsibility, should it become necessary in emergency situations or for disciplinary reasons, for the transportation home of the above-named child.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER I CAN BE REACHED AT DURING ACTIVITY: \_\_\_\_\_

Angle Lake Neighborhood Church | 18617 42nd Ave S. | SeaTac, WA 98188 | 206-244-7600