RAIN FOREST FALLS 2026 VBS

Alternate care Giver or Person picking up my Child (ren)/ Pictures

In the event that I _____ cannot pick up my child(ren)_____ at camp the following people may do so and may be required to show ID.

Name : _____
#_____

Name : _____
#_____

Name : _____
#_____

Signed :_____

Date :_____

Parent/guardian

I give consent for my Childs picture to be taken and used on church and/or neighbourhood webpage / media site. (Circle one) YES NO

I give consent for my Childs picture to be taken and used for memories /keep sakes to be sent home. (Circle one) YES NO

Signed :_____Date :_____

Parent/guardian