

Medical Release Form Vacation Bible School 2017

Please print in ink

CHILD'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____ MALE FEMALE

HOME PHONE _____ NAME OF SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

PARENT E-MAIL ADDRESS(ES) _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child:

_____ (“Child”), to attend and participate in Faith Evangelical Presbyterian Church children Vacation Bible School during the period of **JULY 17-21, 2017**.

LIABILITY RELEASE: In consideration of Faith Evangelical Presbyterian Church allowing the above child to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Faith Evangelical Presbyterian Church, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Medical Insurance: YES _____ NO _____ Insurance Company: _____

Policy/Group ID#: _____ Emergency Phone #s in case parent/guardian cannot be reached:

Allergies or Medical Conditions: _____

Parent/Guardian Signatures _____ / _____ Date _____

Media Release

I, _____, hereby give permission for the staff and volunteers of Faith Evangelical Presbyterian Church to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same) for purposes of in-house church use and/or for public information for promotion of the church (i.e. brochures, websites, newspapers, radio, television).

Parent/Guardian Signatures _____ / _____ Date _____