



www.ascension-orlando.org

This waiver serves for all participation on Children's Ministry Activities at Church of the Ascension including but not limited to, Sunday School programming, Vacation Bible School (VBS) and other related activities.

Child(ren)'s Names: _____

Parent/Guardian's Name: _____
(please print)

Medical Information and Waiver

Please list any medications your child is currently taking (i.e. inhaler, etc.)

Name of Medical Insurance Company _____

Policy Holder Name and # _____

Physician Name _____

Physician Phone # _____

By signing here, the undersigned does hereby give permission for my child to attend and participate in VBS sponsored by Ascension Church. I authorize the adult, in whose care the minor has been entrusted, to consent to any emergency treatment, or hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any physician or dentist under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all cost to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.*

Signed: _____ Date: _____

Media Waiver

By signing here, the undersigned also understands that pictures and videos may be taken at church events and gives consent for said pictures and videos to be used for display/promotion of church programs via print or church related websites and media.*

Signed: _____ Date: _____