

**The Old Brick Church Vacation Bible School (VBS)
Parental Authorization, Liability Waiver Medical Release Form**

In consideration for permitting my child to enroll and participate in the **Vacation Bible School** provided by The Old Brick Church from **August 5, 2019 – August 9, 2019**, I being 18 years or older, do for myself and on behalf of my child _____, agree and promise as follows:

Authorization (Please Initial):

_____ I (we) are the parent(s) or legal guardian(s) of the student listed above and grant my (our) permission for him/her to participate fully in the Old Brick Church events and activities.

_____ I (we) understand the Old Brick Church staff, volunteers, and leaders will make every attempt to contact me as soon as possible in the event an emergency arises. If I cannot be reached, I (we) authorize the Old Brick Church staff, volunteers, and leaders to take my child to the doctor or hospital. I (we) also authorize medical treatment recommended by medical staff and I (we) assume responsibility for all medical bills.

_____ I (we) understand that our child may be photographed or videotaped during activities and that these photos/videos may be used in promotional materials published by the Old Brick Church.

Liability Waiver, Covenant to Hold Harmless & Indemnify (Please Initial):

_____ I, on behalf of my (our) child, assume the risk and promise to release, forever discharge and hold harmless the Old Brick Church, Pastor, Children's Ministries, it's directors, staff and volunteer leaders from any and all liability for personal injury or sickness and damage to personal or public property which might result from my(our) child's participation in any and all church activities, including being transported in church, chartered, and chaperone vehicles, to and from the event destination(s). This covenant to hold harmless extends to my (our) child's participation in any events and activities.

_____ I (we) agree to indemnify and hold harmless the Old Brick Church, it's directors, staff, and volunteers for any liability incurred or property damage/loss sustained by the Old Brick Church as the result of the negligent, willful, or intentional conduct of my child, including expenses attendant thereto.

_____ I (we) hereby certify that I (we) have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily.

At least one parent/legal guardian must sign below.

Parent/Guardian 1: _____
(Print name)

Parent/Guardian 2: _____
(Print name)

Signature: _____

Signature: _____

Date: _____

Date: _____

Medical Information and Emergency Contacts

Child's Name: _____ Age: _____

Address: _____, VT _____

Birthdate: _____
(mm/dd/yyyy)

Emergency Contacts

1. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Medical Insurance Information

Insurance Company: _____ Group/Policy #: _____

Physician's Name: _____ Phone #: _____

Medical Information

Circle any of the following that have ever been present:

- | | | | |
|-------------------|----------------------|-------------------|-------------------|
| Epilepsy/Seizures | Heart Murmur | Chicken pox | Motion Sickness |
| Heart Disease | Asthma | Bleeding Disorder | Muscular Problems |
| Kidney Problems | Sinusitis Bronchitis | Diabetes | Other: |

Current medications (list over the counter & Prescriptions with instructions):

Allergies

Type and reactions: _____

Medicines and reactions: _____