

Westminster Vacation Bible School 2018

Permission and Medical Release Form

Participant (Child) Name: _____ Date of Birth _____

Home Address: _____

Parent/Guardian Name: _____

Phone - Daytime: _____ Evening: _____ Mobile: _____

List any medical conditions, injuries, allergies or any behavior information we should be aware of:

List any medications needed at VBS (Rx, Inhalers, Epipen, etc.) In doing so, permission is given for the VBS staff/volunteers to administer: _____

If needed, may we administer Tylenol _____, Ibuprofen _____ or Benadryl _____?

In case of emergency, contact

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Physician Information:

Physician _____ Phone: _____

Insurance: We require each participant to be covered by sufficient health/accident insurance.

Company: _____ Effective date: _____

Group I.D. #: _____

Liability and Medical Release

I give my permission for the participant named above to participate in the 2018 VBS program at Westminster Presbyterian Church of West Chester, Pennsylvania June 18-22, 2018 and release Westminster Presbyterian Church from any and all liability to me or my child as a result of his/her participation. Also, I understand that Westminster Presbyterian Church does not assume any responsibility for loss of, or damage to, personal property of the participant. I understand that because of the nature of certain events, there may be times where my child will not be directly supervised by an adult.

Medical Release: In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader for Westminster Presbyterian Church. I also release Westminster Presbyterian Church and its program staff of liability in the case of accidents or injuries to my child while attending this church event.

(Signature of parent/guardian)

(Date)