



MEDICAL CONSENT & PARENTAL RELEASE FORM FOR VBS 2018

I (we), the undersigned parent (s) or guardian (s) of _____ do hereby authorize employees and/or adult volunteers of **Lake Magdalene United Methodist Church** as agent (s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further waive and release from any and all claims, **Lake Magdalene United Methodist Church**, and its employees and volunteers, for injury, accident or illness which may directly or indirectly result from participation in events with Lake Magdalene United Methodist Church.

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian signature _____ Date signed: _____

Address: _____

Emergency Phone: Home _____ Work _____

If parent/legal guardian is not available in an emergency, contact:

Name _____ Phone _____

Please list any allergies. Include medications, foods, etc.

If your child has any medical or special needs, including medications currently being used please explain:

PERMISSION TO PHOTOGRAPH

By signing below, I do hereby authorize and give full consent to **Lake Magdalene United Methodist Church** to publish and copyright all photographs and videos in which my child appears.

I further agree that Lake Magdalene United Methodist Church may transfer or use these photographs or videos in brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMS, and like publications, literature, or materials without limitations or reservations.

Printed Name of Parent/Guardian _____

Parent/Guardian Signature _____

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By entering my first and last name on this document and submitting this form via email, in person, by fax, or by typing and/or providing an electronic or digital signature on any online registration forms, I do hereby consent to this release.