



Westminster Presbyterian Church
1500 S. Juniper Street
Escondido, CA 92025
(760) 745-3225

wpcesco.com

VBS Minor Release Form

Parent Information		
Mother/Guardian Last Name	Mother/Guardian First Name	Cell Phone <input type="checkbox"/> texts ok
Father/Guardian Last Name	Father/Guardian First Name	Cell Phone <input type="checkbox"/> texts ok
Address	City / Zip Code	Home Phone
Email	Best way to get info to parent: <input type="checkbox"/> email <input type="checkbox"/> home # <input type="checkbox"/> snail mail <input type="checkbox"/> text <input type="checkbox"/> cell #	
Emergency Contact Name		Emergency Contact Phone Number ()
Child Information		
Last Name	First Name	Birthday (mm/dd/yr)
Gender	Grade in school for 2021-2022	Last Tetanus immunization
Known medical conditions/concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		
Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		Allergies – Food/Other? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)

PARENT PERMISSION & MEDICAL RELEASE

Child(ren) Name(s): _____

Address: _____ City: _____ Zip Code: _____

Authorization of Consent to Treatment of Minor**

**If authorization is not provided, a parent or legal guardian must remain on campus during all activities.

(I), (We) the undersigned parent(s) of _____, (each) a minor, do hereby authorize Westminster Presbyterian Church's children's ministry leaders as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgery diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through November 30, 2022 for all children's ministry activities at Westminster Presbyterian Church.

Photography and Video Release

Initial here _____ to consent or here _____ to withhold consent for pictures/video.

(I), (We) the undersigned parent(s) of _____, (childrens' names), a minor, do hereby authorize Westminster Presbyterian Church's children's ministry leaders to photograph and video tape our child in an appropriate and tasteful manner. We realize that pictures will be used in slide shows, newsletters, the church web-site, social media (Facebook and Instagram) and other church related uses. Video may also be used for publicity, activities, and other program related uses.

Release of Westminster Presbyterian Church**

****Required for participation in Westminster activities**

_____, (parents name) shall indemnify, hold free and harmless, assume liability for, and defend Westminster Presbyterian Church and it's affiliate corporations , its agents, servants, employees, officers, and directors from any costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the Westminster Presbyterian Church may incur based on any assertion of liability, or any other claim or action founded thereon, arising or alleged to have arisen out of _____
_____(children's names) use of real or personal property belonging to Westminster Presbyterian Church and its affiliate corporations, its agents, employees, officers, and directors, or by action or omission by _____
_____(children's names).

References

Please provide two non-familial character references.

Reference #1

Name:_____

Phone #:_____

Email:_____

Relationship:_____

How long have you known them?_____

Reference #2

Name:_____

Phone #:_____

Email:_____

Relationship:_____

How long have you known them?_____