

# Union Baptist Church

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Clifton Bullock, Senior Pastor  
Seth Powers, Associate Pastor, CE/Youth/Family

## CONSENT AND RELEASE FORM

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, participating the programs and activities involved with Kingdom's Kids Camp, at Union Baptist Church on **(please initial next to all that apply)**:

- June 24-28, 2019 (Week 1) \_\_\_\_\_
- August 12-16, 2019 (Week 2) \_\_\_\_\_

I certify that my child is able to participate in this activity. I realize my child will participate in activities in conjunction with other persons. I accept full responsibility for my child's actions, injuries to self or other persons, and damage to personal or Church properties.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERE TO.** I do hereby agree to hold Union Baptist Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Vermont and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Parental Photo Consent Form for Children/Minors

Name of Organization: **Union Baptist Church**

Date and Time of Event (Please circle all dates that apply):

**June 24-28, 2019**

**August 12-14, 2019**

Name of Event & Event Location: **Kingdom's Kids Camp, Union Baptist Church**

Event Coordinator Name and Phone Number: **802-748-5639**

We recognize the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. As your child will be taking part in the event specified above, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- a record of the activity or the event
- publicity material for further activities or events on leaflets/websites/magazines

We will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

**I consent to having my child photographed or recorded for this event.**

Child's Name: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent or Legal Guardian's Signature and Date: \_\_\_\_\_

**(Optional) Consent of a Second Parent or Legal Guardian**

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent or Legal Guardian's Signature and Date: \_\_\_\_\_

# MEDICAL INFORMATION FORM & MEDICATION ADMINISTRATION PERMISSION SHEET

Parents/guardians requesting medication administration to their child while at Kingdom's Kids Camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Medication Name \_\_\_\_\_

Controlled Drug? YES NO Dosage \_\_\_\_\_ Method \_\_\_\_\_

Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration:

\_\_\_\_\_

Primary Care Physician/Pediatrician Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Medication Administration: Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug Allergies? YES NO Reactions to? YES NO

Interactions with? YES NO If "yes" to any of the above, please explain

\_\_\_\_\_

Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above.

Name of Entity: **Kingdom's Kids Camp** Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Child: Mother Father Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**Signature of Parent/Guardian Authorizing Administration of Medication**

\_\_\_\_\_