



# Vacation Bible School 2019 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 2019 VBS program at Westminster Presbyterian Church of West Chester, Pennsylvania June 17-21, 2019 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)