**PARTICIPANT MEDICAL & PHOTO RELEASE FORM**

Our Savior Lutheran Church Vacation Bible School

July 31 – Aug 4, 2023 -- 9 am to Noon

331 Clendening Rd Gladwin, MI 48624

For Children in Pre-K - 5th Grades

Print Child’s First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade child will be entering in the 2023-2024 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Child’s First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade child will be entering in the 2023-2024 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Child’s First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade child will be entering in the 2023-2024 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Child’s First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade child will be entering in the 2023-2024 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental/Guardian Consent:** In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to Our Savior Lutheran Church to seek and authorize emergency medical care to be given to my child/children named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent(s). Our Savior Lutheran Church will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care.

I fully understand that my child/children must abide by all rules governing conduct and safety while attending Our Savior Lutheran Vacation Bible School Program activities.

Additionally, I give permission for my child/children to be photographed during activities associated with Our Savior Lutheran Vacation Bible School. I understand that said photos/videos may be used for the Our Savior VBS program, and that my child’s/children’s name will not be used with the image.

* No, I would not like my child’s/children’s photograph to be taken.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_