



VACATION BIBLE SCHOOL 2026

Permission & Authorizations

Student's First Name

Student's Last Name

PARENT / GUARDIAN'S FULL NAME

Cell Phone (or best contact #)

Age

Grade

INSURANCE: Does student have medical coverage? **EMERGENCY:**

Name of nearest hospital your insurance requires?

***NOTE ABOUT MEDICATIONS:** We are not qualified to administer student medications.

Parent/guardian must be present to administer to student if required during event.

---CONTINUE TO PAGE 2 FOR SIGNATURE---

(if you have trouble with this document, print hardcopy and hand write)

Authorizations & Releases

YOUR PRINTED NAME IS YOUR SIGNATURE
IF RETURNED VIA EMAIL

STUDENT'S FULL NAME:

DATE

1. Medical Release: I agree by signing this Medical Care Authorization to grant permission for emergency medical treatment to be rendered to the above-referenced youth in the event such treatment becomes necessary, and I authorize True Vine Apostolic Fellowship (Apostolic Assembly of the Faith in Christ Jesus, Inc), and all its volunteer workers (pastors, and/or adult staff or volunteer workers) to secure such treatment that they deem appropriate under the circumstances. This permission is given with the understanding that in the event of illness or the need for first aid, an operation, and/or major surgery, True Vine Apostolic Fellowship (Apostolic Assembly of the Faith in Christ Jesus, Inc),, its members, agents, officers, directors, pastors, youth workers, volunteers, employees, and parent helpers) will use reasonable effort to contact me. Such contact, however, shall not be a requirement for administering such emergency medical treatment if in the sole discretion such efforts to contact me could not reasonably be effected, nor shall the failure to contact me create any liability whatsoever. I have read and understand the preceding paragraph, and voluntarily sign this Medical Care Authorization on my behalf and on behalf of the above-named participant (student). ***I agree by signing below that I am the legal parent/guardian and have read and fully understand all the above terms and conditions of this release form.***

X

Legal Parent/Guardian Full Name

2. Release of Liability: By signing this Release, I do for myself and the above-named participant, release True Vine Apostolic Fellowship (Apostolic Assembly of the Faith in Christ Jesus, Inc), its members, agents, officers, directors, pastors, youth workers, volunteers, and parent helpers from any and all liability for any or all losses, damages and personal injuries to myself and to the above-named student participant resulting from any actions or inaction, claims, rights, suits or any other causes whatsoever in connection with the above-referenced activity, whether related to the emergency medical treatment referenced above or whether related to any other matter related directly or indirectly to the scheduled activity, and any transportation in connection with such activity. I understand that True Vine Apostolic Fellowship (Apostolic Assembly of the Faith in Christ Jesus, Inc.), its members, officers, directors, pastors, youth workers, agents, volunteers, and parent helpers will not bear liability for the consequences of any kind, including the parent/guardian student's negligence or oversight. I have read and understand the preceding paragraph, and voluntarily sign this Release on my behalf and on behalf of the above-named student participant. ***I agree by signing below that I am the legal parent/guardian and have read and fully understand all the above terms and conditions of this release form.***

X

Legal Parent/Guardian Full Name

3. Photo Permission: I by signing this release do allow for my child's picture or video that was taken during church event, to be used in the Church's websites galleries, social media, Church bulletin boards, and other Church media. I understand that True Vine Apostolic Fellowship (Apostolic Assembly of the Faith in Christ Jesus, Inc), its members, agents, officers, directors, pastors, youth workers, volunteers, employees, and parent helpers will not be held liable for any negative or incident that may occur due from photo publishing. Also I release liability for social media "tagging" of myself or my child that would occur by church or non-church person(s) on social media, or of printing, that may occur as a result.. Also I release any liability due to any unknown or negative misuse that could occur, and I acknowledge and understand there is a risk of photos being seen by the public of the above named student participant. ***I agree by signing below that I am the legal parent/guardian of the above mentioned participant, and have read and agreed with and fully understand all the above terms and conditions of this release form.***

ADD SIBLINGS IF SAME RESPONSES FOR STUDENT ON PAGE 1 :

1
2
3

X

Legal Parent/Guardian Full Name