

Emergency Medical Statement

Child(ren) Name(s): _____

Parent/Guardian Name(s): _____

Medical Release: I (We), the parent(s) or guardian(s) of the above listed child(ren) grant permission for our child(ren) to participate in Vacation Bible School at Grace Baptist Church of Troy, OH, and to receive emergency medical treatment if necessary. If I (we) or the listed emergency contact cannot be reached, I (we) give our permission to the staff to secure the services of a licensed physician to provide the necessary care for my child's well-being. I (we) also release and agree to hold harmless Grace Baptist Church and all its participants from any liability and assume all risk of injury, damage, or expenses as the result of participation in activities in VBS.

Parent/Guardian Signature_____ Date_____

Photo Release: I (We) understand that as a participant in Grace Baptist Church's VBS, my child(ren) may be photographed or videotaped during these events. I also understand that these may be used in presentation and promotional materials. I (We) give my (our) permission for my child(ren) to be photographed. *(You may choose to not sign, and images will not be used.)*

Parent/Guardian Signature_____ Date _____