

VBS Parent Consent/Medical Release Form

A signed form is required for each child attending VBS at the Tree of Life Church:

Child (ren)'s Name: _____

Name of custodial parent(s) or legal guardian(s): _____

Parent Phone Number (during VBS): _____

Alternate Parent Phone Number: _____

Consent for Participation, Medical Treatment, and Photo Release:

I am the parent or legal guardian of the above named child(ren) and I give permission for my child to attend Vacation Bible School at the Tree of Life Church and participate in all VBS activities. I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed for the above named child(ren) by on-site nurse, a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable to safeguard my child's health. I acknowledge that the Tree of Life Church will not be responsible for medical expenses incurred.

I give permission for the above named child(ren) to be photographed during VBS, and for the images to be published, reproduced or distributed by the Tree of Life Church in all outlets, including, but not limited to, internet and church publications, without liability or limitation on my or my minor's part.

Signature of Parent/Guardian: _____ Date: _____