

Central church of Christ

170 St. Mary's Rd. Winnipeg, MB R2H 1H9



VBS 2018 Permission and Waiver Form

Child's Name: _____

Medications Taken: _____

Medication Allergies: _____

Medical Treatment Restrictions: _____

If your child requires, or may require, the use of **any medication or emergency treatment**, such as an **EpiPen, Inhaler or other such medication**, please provide Central church of Christ staff/volunteers with written permission to administer medications, as well as, written instructions on how to administer them. *These instructions will be given to your children's teachers, and supervising staff.*

I understand that, while the teachers, helpers and leaders of Central church of Christ Vacation Bible School (VBS) will take precautions to ensure the safety of all children while they are at VBS, I will not hold the Central church of Christ, its employees, agents, or volunteers, liable for any injury or cost incurred by injury to my child during the activities of VBS.

I acknowledge that it is my responsibility to advise the Central church of Christ of any medical or health concerns of my child that may affect his/her participation in the activities of VBS.

I consent that, in the case of an emergency, Central church of Christ, through its employees, agents, and volunteers may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I acknowledge that it is my responsibility to take the necessary steps to insure against personal injury, loss, property damage, or any other loss or damage that may be incurred by my child.

The Central church of Christ staff/volunteers may take photographs/video of my child to be used inside the church for VBS Presentations and Promotion, and special church presentations and/or to be sent home with students.

I acknowledge and represent that I am 18 years of age and older, I am the parent or legal guardian of _____, and that I have read the document, fully understand it and sign it freely and voluntarily on behalf of my child, myself, parents and legal guardians of my child, and our respective heirs, successors, executors, administrators, personal representatives and assigns.

Printed name of Parent/Guardian: _____

Signed: _____ Date: _____

Signature of Witness: _____ Date: _____

“The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).”