

Health Form/Photo Permission

1st Child's Name and Date of Birth: _____

2nd Child's Name and Date of Birth: _____

3rd Child's Name and Date of Birth: _____

4th Child's Name and Date of Birth: _____

Parent/Guardian Name: _____

Best # to reach you during the hours of VBS (9 am – 12 pm) _____

Emergency Contact (If parent cannot be reached) _____

Relationship to Child _____ Phone # _____

Allergies or Special Medical Conditions:

Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during Vacation Bible School. As with any physical activity, there is a risk of injury. I hold harmless and fully and forever discharge Calvert Grace Community Church and all officers, agents, volunteers, employees, or staff thereof, from any and all claims, demands, rights of action arising out of, or incident to, the providing of this VBS ministry.
2. In the event of an emergency that requires medical treatment for the above name's child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Calvert Grace volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child/children.
3. VBS activities may be photographed. Images of your child/children from these will be used in our daily 'Spotlight Video' and also in our slideshow presented during our closing program.

PLEASE READ AND INITIAL ONLY ONE:

I **GRANT** permission to Calvert Grace Church to use photo images of my child by initialing here _____

I **DENY** permission to Calvert Grace Church to use photo images of my child by initialing here _____

I have read and agree to the Terms and Conditions stated above.

Signature of Parent/Guardian

Date