

VBS Medical Form & Parental Release

Christ Presbyterian Church

12419 Chillicothe Road, Chesterland, Ohio 44026

Name of child _____ Birth date: _____

Name of child _____ Birth date: _____

Name of child _____ Birth date: _____

Name of child _____ Birth date: _____

Address _____ Phone _____

Father _____ Cell Phone _____

Mother _____ Cell Phone _____

Emergency Contact _____ Phone _____

Important medical information (medications, **allergies**, etc.):

I, the undersigned, being the parent/legal guardian of the above minor child, do hereby give permission for my child to participate in **Vacation Bible School**.

I certify that I am cognizant of the inherent dangers associated with participating in the activity; that there is some element of risk in participation and that the activity will take place off and on church property. To this end I agree that neither Christ Presbyterian Church, its elders, representatives, instructors, agents, nor chaperones will be held liable for any injury or illness, which may result in harm or other damages.

I authorize Christ Presbyterian Church and its representatives to render or obtain such **emergency medical care/treatment** as may be necessary should injury, harm or accident occur to my child while participating in this project.

I further state that I am of lawful age, legally competent, and the legal parent/guardian of the above noted child. I understand the terms noted herein are contractual and are not merely recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation / release on: _____ 20_____

Signature of Parent / Guardian _____