MEDICAL RELEASE

Name of child _____

Date of last medical checkup _____ Date of last tetanus shot _____

Doctor's name _____ City _____ State _____

Doctor's 24-hour telephone number(s) _____

Activity restrictions: _____

List allergies and medications: _____

NOTE: EMERGENCY MEDICATION MUST BE PROVIDED AND ADMINISTERED BY THE FAMILY FOR THE CHILD.

What type of allergic reaction does the person have? _____

Is medication required for an allergic reaction? No _____ Yes _____ Medication name _____

Is the child/adult currently taking medication? No _____ Yes _____

If yes, please complete: _____

Name/Type of medication _____

Reason for medication _____

Dosage instructions _____

NOTE: ALL CHILDREN WHO HAVE A PRESCRIBED EPI PEN OR INHALER ARE RESPONSIBLE FOR BRINGING AND KEEPING THEM WHILE AT VBS.

Emergency Contact People

Name _____ Relationship _____

Telephone number (Day and Evening) _____

E-mail (Day and Evening) _____

Name _____ Relationship _____

Telephone number (Day and Evening) _____

E-mail (Day and Evening) _____

Note: All information will remain confidential to VBS staff.

PARENT CONSENT

I, _____ , the legal guardian of _____ ,
(child's name)

authorize the leadership of _____
(name of church)

to care for the administration of first-aid treatment for any minor injuries my child receives during the event. If the injury sustained is life-threatening, or in need of emergency treatment, I authorize the leadership of

_____
(name of church)

to summon any or all professional emergency personnel to attend, transport, and treat my child.
I agree to hold harmless any staff, assistants, and volunteer workers of

_____
(name of church)

from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature _____

Insurance Company _____ Policy Number _____

Note: All information will remain confidential to VBS staff.