

Park Community Church

3901 Wild Chaparral Dr, Shingle Springs, CA 95682

**Vacation Bible School
Medical Release**



**Vacation Bible School
Medical Release**

Last Name

First Name

Age

Allergies
(Include food, seasonal and/or drugs)

I/We, the undersigned, understand that "Vacation Bible School" will include, but is not limited to the following activities: Story Time, Music, Exercise, Water Games, Running Games, Dinner, Arts and Crafts. This form authorizes a nurse or an adult supervisor designated by Park Community Church to provide basic first aid to the above participant(s) in the event of injury or illness. In the event of any injury or illness, you will be notified and your child may be taken to a nearby hospital or clinic for treatment if necessary.

In case I/we cannot be reached in an emergency, I/we the undersigned give permission for our participant(s) to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including, but not limited to, anesthesia for his/her safety and care.

I also agree to not hold Park Community Church, or its advisors, directors, staff or volunteers responsible or liable in any way for accidents or injuries that my participant(s) may incur while on an outing away from Park Community Church or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my participant(s) the need for his/her safe behavior and conduct during all such activities.

This release form is completed and signed of my/our own free will(s) with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and to indemnify Park Community Church and its advisors, directors, staff or volunteers.

I have read, understood, and agree to the terms and conditions stated above:

Signature of Parent/Guardian

Date

Insurance Co.

Group #

Dr. name

Doctor's Phone

Printed Name of Parent/Guardian

Cell Phone #