

Office Use Only  
Crew:  
Crew Leader:

### VBS Parent Consent/Medical Release Form

A signed form is required for each child attending VBS at River of Life Lutheran Church

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of custodial parent(s) or legal guardian(s): \_\_\_\_\_

Parent Phone Number (during VBS): \_\_\_\_\_

Alternate Parent Phone Number: \_\_\_\_\_

Emergency Contact (in case parent cannot be reached at above numbers):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions:

Please list any allergies (include possible reactions and treatment):

Please list any dietary restrictions:

Describe any special needs, chronic illness, recent operations or injuries, health or emotional issues which might affect participation in regular VBS activities:

#### **Consent for Participation, Medical Treatment, and Photo Release:**

I am the parent or legal guardian of the above named child and I give permission for my child to attend Vacation Bible School at River of Life Lutheran Church and participate in all VBS activities.

I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribes for the above named child by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I acknowledge that River of Life Lutheran Church will not be responsible for medical expenses incurred.

I give permission for the above named child to be photographed during VBS, and for the images to be published, reproduced or distributed by River of Life Lutheran Church in all outlets, including, but not limited to, internet and church publications, without liability or limitation on my or my minor's part.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_