



101 Colville Rd. Charlotte, NC 28207
(704) 376-0751

Vacation Bible School Medical Release

Child(ren)

Date of Birth

Allergies/Medical Conditions/Medications

Primary Emergency Contact Information:

Parent/Guardian: _____
Home Phone: (_____) _____
Work Phone: (_____) _____
Mobile Phone: (_____) _____
Address: _____

Secondary Emergency Contact Information:

Relationship: _____
Home Phone: (_____) _____
Work Phone: (_____) _____
Mobile Phone: (_____) _____
Address: _____

Medical Information:

Child(ren)'s Primary Care Pediatrician: _____
Pediatrician's Office Name and Address: _____
Physician's Office Phone Number: _____
Insurance Co.: _____ Group #: _____
Policy #: _____
Cardholder: _____
Relationship to Cardholder: _____
Insurance Co. Address: _____
Insurance Co. Phone: (_____) _____

Are there any physical handicaps or illnesses that would prevent your child(ren) from participating in normal rigorous activity? If so, please identify the child(ren) and please articulate any limitations: _____

Consent and Certification - I, the undersigned, being the parent or legal guardian of the child(ren) listed above, do hereby consent to the participation of my child(ren) in all the scheduled activities of Vacation Bible Study. Further, I certify that my child(ren) is physically fit and adequately healthy to participate in aforementioned activities. If I wish to revoke this consent for any reason, or if circumstances or health changes would restrict my child(ren)'s participation in such activities, I will promptly provide notice in writing to the Children's Director. I understand that there are risks involved in participation with recreation activities and other activities related to children's ministry functions. In addition, I have, and do hereby, release the church, its employees, volunteers, or agents from liability associated with participation in this church activity.

Emergency Authorization and Certification – I, the undersigned, being the parent or legal guardian of the child(ren) listed above, understand that an attempt will be made to contact me first in the case of a medical emergency. However, in the event that I cannot be reached, I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or Church staff to provide medical services deemed necessary for above-designated minor child(ren). In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize and secure reasonable and proper treatment, including but not limited to: authorizing x-ray examinations, ordering injections and/or anesthesia and/or completing surgical diagnosis to the child(ren) as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. I certify that I have indicated all allergies or other medical conditions of the above-designated minor child(ren) or, if there are none, I have indicated as such.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I also understand that Westminster Presbyterian Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

By signing below, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agents named herein and the other terms of this VBS Medical and Video release form.

Name of Parent/Guardian (please print) _____

Relationship to Child(ren) _____

Signature of Parent/Guardian _____ Date _____

[Updated 3/20222]