

VBS – 2019

Registration: Medical Release, Information Acknowledgement, Photo consent

Child's Name: _____ DOB: _____ Grade: _____

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Address: _____

City: _____ State: _____ Zip: _____

1. Parent/Guardian Name: _____ Cell/contact phone: _____

Email: _____

2. Parent/Guardian Name: _____ Cell/contact phone: _____

Email: _____

Person to contact in **Emergency** if unable to reach parents:

Name: _____ Phone: _____

HEALTH INFORMATION:

My child _____ is allergic to the following foods, medications, insects, or other: _____

My child _____ is allergic to the following foods, medications, insects, or other: _____

My child _____ is allergic to the following foods, medications, insects, or other: _____

My child _____ is allergic to the following foods, medications, insects, or other: _____

I hereby give the staff of Southwinds Baptist Church permission to see that my child/children listed above receive any medical attention he/she may need while participating in VBS. I also release Southwinds Baptist Church and its staff of any liability not caused by their negligence during the above activity. This includes the following:

*The power to seek appropriate medical treatment or attention on behalf of the minor as may be required by the circumstances, including but not limited to, medical doctor and or hospital visits

*The power to authorize medical treatment or medical procedures in an emergency situation

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Southwinds Baptist Church permission to act on my behalf in seeking and administering medical attention.

PHOTE RELEASE

I DO ____ DO NOT ____ give Southwinds Baptist Church permission to publish in print, electronic, website or video format the likeness or image of my child. I release all claims against Southwinds Baptist Church with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature of parent/guardian

Date