



Medical Consent Form

Event Name: Vacation Bible School Date: July 9 – 13, 2012

Location: First Presbyterian Church of River Forest

Child's Name: _____ Date of Birth: _____

In the event of an emergency, I understand that every attempt will be made to reach me. If I cannot be reached, I hereby authorize the necessary emergency medical treatment of my child. I give permission to the staff or sponsors to secure services of a licensed physician to provide care necessary for my child's well being. I agree that First Presbyterian Church of River Forest and its personnel shall not assume responsibility for any damages, expenses or liability arising from any illness or injury suffered by my child during this event. I shall hold the church and its personnel harmless from such costs and expenses.

Please describe any of your child's current medications or medical conditions:

Parent's Signature: _____ Date: _____

Parent's Cell Phone Number: _____

Additional Parent Phone Numbers: _____