

MEDICAL RELEASE FORM

NAME OF CHILD: _____

I WILL HELP WITH VACATION BIBLE SCHOOL IN THE FOLLOWING WAYS:

Craft Leader _____ Music/Drama _____ Storyteller _____ Science
Leader _____

Group Leader _____ Decorations Team _____

Donate Money or Items _____ Other _____

Name: _____

Email: _____

While volunteering, I will need childcare in the church nursery for _____ children.

MEDICAL RELEASE:

I understand that every effort will be made to contact me in the event of any accident, illness or injury to my child, but in the event that I cannot be reached, I hereby authorize a Parker United Methodist Church representative to consent to whatever medical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injury or illness. In the event emergency transportation is needed, I give my consent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in Vacation Bible School. As with any activity or event, I understand that there are risks in my child's/ward's participation. I hereby agree on behalf of my child to assume any and all risk of bodily injury, death or property damage, arising out of, or caused by my child's participation in Vacation Bible School. I hereby release Parker United Methodist Church and any of its affiliated organizations, agents, employees and volunteers from all actions or claims that my child heirs and/or legal representatives now have or may hereafter have for bodily injury, death, and property damage resulting from my child's participation in this activity.

Parent/Guardian Signature and Date

One per child needed

TO HELP COVER EXPENSES WE ARE REQUESTING A \$30 PER CHILD DONATION FOR THE WEEK, OR \$50 PER FAMILY.

Please make the check payable to PUMC and note VBS in the memo or pay online

OFFICE USE ONLY

DATE PAID _____

CASH _____ CHECK # _____

PAID ONLINE _____ AMOUNT _____