



VBS 2018
Medical & Liability Release
June 25 - 29, 2018

Child's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

Chapel City Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son/ daughter is helping at this event.

Do you have health insurance? YES / NO

If "YES" please name _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

Medical Release: "In the event that I cannot be reached in an emergency during VBS 2018, I hereby give my permission to the physician or dentist selected by the Chapel City Church's leadership to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary."

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in this event. They also agree not to hold this church (Chapel City Church) or its employees or volunteer assistants liable for any injuries to the person undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Valid June 25, 2018 through June 29, 2018

Child's Allergies: _____

Medications: _____

Comments: _____

I _____ give permission for my son/daughter, _____, to participate in Chapel City Kids Vacation Bible School 2018. I release Chapel City Church and any volunteer staff of this church from all claims of damage, demands, or actions in any manner arising or growing out of my son's/daughter's participation under the ministry of Chapel City Church.

Signature _____ Date _____