

Permission Slip, Liability Waiver, and Medical Authorization

(one form per child must be completed)

Effective for Vacation Bible School from July 30th-August 3rd 2018, Time 9:00 am – 12:00pm

This year's theme is "Shipwrecked"

NOTE TO PARENTS: Please dress your child weather appropriate for possible outdoor activities!!!

Child's name _____ **Gender** _____ **Last grade completed** _____

Name of Parent /Guardian: _____ **Relationship:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Primary Phone#: _____ **Cell phone #:** _____ **Home church** _____

Crew member or name (church use only) _____

Please explain any allergies, dietary and/or medical concerns for your child in the space below:

Functions and activities: I authorize my child to participate in all Vacation Bible School activities including water activities and any games. INITIAL HERE _____

Publicity: I authorize Hampshire View Baptist Church to take pictures of my child during Vacation Bible School activities. I also authorize the use of said pictures for the purpose of newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the VBS Leadership of Hampshire View Baptist to seek and authorize Medical attention in the event my child needs medical care for Emergency or Normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot me made on first call, assistance will be authorized by the churches VBS leaders. INITIAL HERE _____

Release of Liability: By signing this form I understand there are risks associated with all activities including VBS activities. I agree not to hold Hampshire View Baptist or any of it's VBS leadership or other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS leadership will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1)Name: _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

2)Name: _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

Final Approval: I as the parent/guardian agree to the above:

Signature: _____ **Print Name** _____