

# Medical Release and Parent Consent Form

Name of Child \_\_\_\_\_

Date of last medical checkup \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Doctor's name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Doctor's 24-hour telephone number(s) \_\_\_\_\_

Activity restrictions: \_\_\_\_\_

List allergies and medications: \_\_\_\_\_

**Note: Emergency medication must be provided by the family for the child.**

What type of allergic reaction does the person have? \_\_\_\_\_

Is medication required for an allergic reaction?    No    Yes    Medication name \_\_\_\_\_

Is the child/adult currently taking medication?    No    Yes    If yes, please complete:

Name/Type of medication \_\_\_\_\_

Reason for medication \_\_\_\_\_

Dosage instructions \_\_\_\_\_

**Note: All children who have a prescribed EPI Pen or inhaler are responsible for bringing and keeping them while at VBS.**

Emergency Contact People:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number (Day and Evening) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number (Day and Evening) \_\_\_\_\_

## Parent Consent

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_  
(child's name), authorize the leadership of (name of church)

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to care for the administration of first-aid treatment for any minor injuries my child receives during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of (name of church)

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to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, and volunteer workers of (name of church)

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from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_