

Child's Name _____ Grade Level Entering: _____

Health Release (required)

In case of emergency, notify: Parent / Guardian (circle one)

Name _____ Phone _____

Name _____ Phone _____

If parent cannot be reached, notify:

Name _____ Phone _____

Please identify any specific health problems or facts concerning the child's medical history about which we or a treating physician should be aware, such as allergies, allergies to medications such as penicillin, unusual reactions to insect bites, medications being taken, physical impairments, etc. **PLEASE PRINT** _____

Parent's Authorization

If reasonable attempts to contact me have been unsuccessful in an emergency, I hereby give permission the Olive Branch Community Church and Vacation Bible School to secure necessary emergency treatment including transport to a local hospital, and for any licensed physician or dentist to administer any treatment considered necessary. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature _____

Parent / Guardian (circle one)

Participant Waiver of Liability (required)

For and in consideration of permitting the person indicated above to enroll in and participate in Vacation Bible School at Olive Branch Community Church, I hereby voluntarily release, discharge, and relinquish any and all actions, causes of action, and claims for personal injury or property damage of or to the participant arising out of, or in any way related to, their participation in such program. I represent that I understand that this release is intended to, and does discharge in advance Olive Branch Community Church and Vacation Bible School, any and all of its officers, agents, volunteers, servants, and employees from any and all liability, actions, and causes of action, even though that liability may arise out of negligence or carelessness of the Church or its officers, agents, volunteers, servants, and employees. *I also give permission for my child to be photographed and understand that any photos may be displayed only on the church premises or published in church literature. Only the person(s) listed below may pick up my child.*

Date _____ Signature _____

Parent / Guardian (circle one)

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK MY CHILD UP:

1. Name _____ Phone _____

2. Name _____ Phone _____