



# PERMISSION SLIP AND MEDICAL/LIABILITY RELEASE

I, the undersigned, request that my child be permitted to participate in the following activity:

## Vacation Bible School

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Does the child have any allergies?**

\_\_\_\_\_

**Are there any other medical conditions we should know about?**

\_\_\_\_\_

\_\_\_\_\_

**I DO** give permission for my child's photo to be reprinted and/or used in the church's publications. Children's names will not be used on the church website.

**I DO NOT** give permission for my child's photo to be reprinted and/or used in the church's publications. Children's names will not be used on the school website.

I understand that since participation in publications and/or websites is voluntary, I will receive no financial compensation.

### MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the church representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

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. This authorization is given pursuant to the applicable provisions of the Family Code of California and the Health Code of California.

### LIABILITY RELEASE

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified activity. I understand that there are risks in my child's/ward's participation in this program. I HEREBY AGREE ON BEHALF OF MY CHILD TO RELEASE AND HOLD BLAMELESS THE EMPLOYEES, VOLUNTEERS, OFFICERS, AND DIRECTORS OF *MT. CARMEL LUTHERAN CHURCH* FROM ANY AND ALL CLAIMS OF LIABILITY PAST, PRESENT, AND/OR FUTURE.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_