



Village Chapel Permission / Release Form

Health Record and Consent for Treatment

NOTE: PARENT/GUARDIAN –IT IS IMPORTANT that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.

Name of Student (please print) _____ Date of Birth _____
(Last) (First) (Middle)

Home Address _____ Age _____
(Street) (City) (State) (Zip)

1. Does the student have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If yes, please explain _____
2. Does the student have any severe allergies or reactions to drugs or medicines? Explain _____
3. Indicate the date of last TTB (Tetanus, Dip Tox, Booser shot) _____
4. Are there any emotional/social disabilities that would be helpful for us to be aware of? _____
5. Is your child taking any current medications? _____ If yes, please list _____
6. Is your son/daughter living with both parents one parent guardian other

Health Insurance information: Insurance Company _____

Policy Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts: name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Cell _____

Other _____ Home _____ Cell _____

Functions and Activities It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to participation in such activities, I acknowledge that there are certain risks associated with activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Village Chapel UMC and its leaders, employees, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include with (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family, estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

First Aid and Emergency Medical Treatment I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition of injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. **I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.** I give permission for Village Chapel personnel to give over-the-counter medications as needed. _____ (initial if yes)

Release to use Image and Likeness In the event, Village Chapel staff or servant takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and for promotion for upcoming events. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit.

I represent that I am the Parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver form and am fully familiar with the contents thereof.

Please turn over to complete the permission slip

I give permission for the child named above to participate in the _____. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Date