



Medical Release & Parent Consent Form

Medical Release

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 and administered 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: _____

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

Parent Consent

I, _____, the legal guardian of _____ (child's name), authorize the leadership of **Harney County Church of the Nazarene**, 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 **Harney County Church of the Nazarene** 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 **Harney County Church of the Nazarene** 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: _____