

Family Information:

Mother's Name: _____ Phone # _____

Father's Name: _____ Phone # _____

Child's Name: _____ DOB: _____

Home Church: _____ Invited by:

Emergency Contact: _____

Phone # _____

Medical Release:

Each of the children with attached forms has permission to participate in all VBS activities sponsored by Bent Knee Cowboy Church July 24, 2021.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to participate in events sponsored by the Church.

I/We acknowledge that participation in these activities involve risk to the student (and to student's parents or guardians), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in these activities, I/we acknowledge and accept the risk of injury associated with participation in and transportation to and from these activities. I/We accept personal financial responsibility for any injury or other loss sustained during these activities or during transportation to and from the activities.

In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is required from a physician and/or hospital personnel designated by the Church or its agents, employees, volunteers, or any other representatives, I/we accept personal financial responsibility for the cost of any

medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child listed above. If there is any change in health insurance coverage, I/we will report those changes to the Church.

Further, I/we release and promise to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of these activities or transportation to and from these activities, whether such injury arises out of the negligence of the Church, the student, or otherwise.

If a dispute over this agreement or any claim for damages arises, I/we agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I/we and the Church cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

May we have your permission to photograph your child/ren and include their picture(s) in our nightly videos? Yes No

Signature: _____ Date: _____

Signature: _____ Date: _____

Child Information:

Child's Name: _____ Age: _____ DOB: _____

Male Female

Last grade completed _____

Parent's name: _____

Phone #: _____

Address _____

Medical History If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing on this form. Include medications and dosages that must be taken. Check the following areas of concern for this child. If necessary, add another page with details:

Does your child have allergies to?

Pollens Medications Food Insect bites Other

Describe any allergies to medications or food

Does your child have any life-threatening allergies? Yes No If yes, explain

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: Asthma Autism ADD/ADHD Epilepsy/seizure disorder Heart trouble Diabetes Frequent upset stomach Physical Handicap Other

_____?

Does your child wear Glasses Contacts

Please list and explain any major illnesses your child experienced during the last year.

Should your child's activities be restricted for any reason? Yes No Please explain:

Signature: _____ Date: _____