

VBS MEDICAL & MEDIA RELEASE FORM



Event: Surprise Party VBS
Dates: June 1–4
Time: 6:30–8:30 PM

CHILD INFORMATION

Child's Full Name: _____

DOB: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____

Primary Phone: _____ Alternate: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

MEDICAL INFORMATION

Allergies: _____

Medical Conditions: _____

Medications (dosage/instructions): _____

Physician: _____ Phone: _____

Insurance: _____ Policy #: _____

MEDICAL RELEASE AUTHORIZATION

If I cannot be reached, I give permission for my child to receive necessary medical treatment.

Reasonable effort will be made to contact me first. I release Westview Church, its staff, and volunteers from liability in such emergencies.

Signature: _____ Date: _____

ACTIVITY PARTICIPATION WAIVER

I understand VBS activities involve some risk. I give permission for participation and release Westview Church from liability for normal activity injuries.

Signature: _____ Date: _____

PHOTO & VIDEO RELEASE

I give permission for my child to be photographed/recorded during VBS. These may be used in services, website, social media, and promotions. No names published without additional consent.

■ YES ■ NO

Signature: _____ Date: _____