

# Parental Consent and Release of Liability Form

Please print.

## Event Information

Event Name: "SHIPWRECKED" VACATION BIBLE SCHOOL  
Date: Monday, June 18 through Wednesday, June 20, 2018, 6:00-8:15 p.m.  
Location: 1010 Lake Miriam Dr., Lakeland, FL 33813  
Details: Dinner starts at 6 p.m. Parents must stay with children through dinner.  
Program begins at 6:30 p.m. Parent Pickup is at 8:15 p.m.



## Medical Information

Name of Child \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone#(s) \_\_\_\_\_ Email(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications you are taking \_\_\_\_\_

Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone #(s) \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone #(s) \_\_\_\_\_

## Release

**CONSENT:** I, the undersigned parent and/or legal guardian of the minor child named above, do hereby give permission for my child to attend "SHIPWRECKED" VBS at Presbyterian Church in the Highlands, Inc. ("PCH") from June 18 through June 20, 2018, from 6 p.m. to 8:15 p.m. each day.

**RELEASE:** In consideration of my child being able to participate in the above described activity, I hereby release and agree to hold harmless PCH and its officers, directors, employees, administrators, and agents, including, without limitation, any PCH volunteers, from any and all liability, claims, causes of action, damages and demands whatsoever, including without limitation, any and all claims or causes of action for personal injury, sickness, or death which may be incurred by me or my child resulting from my child's participation in VBS.

**EMERGENCY AUTHORIZATION:** In the event of illness or injury to my child, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency (determined in the sole discretion of PCH), I hereby grant my consent for medical treatments and permissions for the attending physician or appropriate medical personnel to hospitalize, secure proper treatment and/or injections, anesthesia or surgery. I will be responsible for any and all costs and expenses incurred in connection with such medical care or treatment rendered to my child. I authorize and appoint any adult leader/volunteer of PCH in whose care my child has been entrusted to arrange for and consent to any emergency or routine or necessary medical care or treatment in the event I cannot be locate or contacted.

**BEHAVIOR:** I understand that PCH, in its sole discretion, may determine that my child's behavior is unacceptable for participation in VBS. In that event, I understand that PCH will contact me at the emergency numbers listed above and that I will be required to pick up my child as soon as possible.

**PHOTO & VIDEO:** I/We consent to the use of any video images or photographs (digital or conventional) that may be taken of the subject of this release during the event to be used for recap videos, for social media, or for other appropriate uses as PCH sees fit.

\_\_\_\_\_  
Name of Parent or Legal Guardian (Printed)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed