

**Medical Consent Form and Liability Release Statement
Community Presbyterian Church in Celebration
Children's Ministry**

PreK VBS 2017

June 5-9, 2017

As parent or legal guardian of _____ **(name of participant)**, I have reviewed the information about and give my permission for the subject of this release to be involved in the overall activities of the event. I agree that if the subject of this release has to return home for severe discipline violations, it will be at my/our expense.

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 these events to be used, distributed, or shown as Community Presbyterian Church sees fit.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event we cannot be reached in an emergency during the event listed on this form, I hereby give my permission to the physician or dentist selected by the event leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary pay coverage in the event medical intervention is needed. Coverage by Community Presbyterian Church through its accidental policy will be used secondarily for expenses my family's insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by Community Presbyterian Church and by its agents during this event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Community Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Participant Name _____ **Birth date** ____/____/____

Please CIRCLE the grade your child is ENTERING in August 2017:

PreK 3 PreK 4

Address _____

Parent/Guardian Name _____

Address (if different) _____

Phone # (s) _____

E-mail(s) _____

Medications/Allergies _____

Emergency Contact _____ **Phone #** _____

Parent/Guardian Signature _____ **Date** _____

Name **ONLY 1 SAME GRADE special friend** your child would like to be with:
