

Office Use Only  
In Charge: Asha Fuller  
Title: Children's & Family Pastor

### VBS Parent Consent/Medical Release Form

A signed form is required for each child attending VBS at Federal Way Church of the Nazarene

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of custodial parent(s) or legal guardian(s): \_\_\_\_\_

Parent Phone Number (during VBS): \_\_\_\_\_

Alternate Parent Phone Number: \_\_\_\_\_

Emergency Contact (in case parent cannot be reached at above numbers):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions:

Please list any allergies (include possible reactions and treatment):

Please list any dietary restrictions:

Describe any special needs, chronic illness, recent operations or injuries, health or emotional issues which might affect participation in regular VBS activities:

#### **Consent for Participation, Medical Treatment, and Photo Release:**

I am the parent or legal guardian of the above named child and I give permission for my child to attend Vacation Bible School at Federal Way Church of the Nazarene and participate in all VBS activities.

I authorize all medical, surgical, diagnostic, and hospital care or procedures which may be performed or prescribes for the above named child by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I acknowledge that **Federal Way Church of the Nazaren will not be responsible for medical expenses incurred.**

I give permission for the above named child to be photographed during VBS, and for the images to be published, reproduced or distributed by **Federal Way Church of the Nazarene** in all outlets, including, but not limited to, internet and church publications, without liability or limitation on my or my minor's part.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_