

GRACE UNITED CHURCH OF CHRIST

VACATION BIBLE SCHOOL 2014

RELEASE AND MEDICAL AUTHORIZATION FORM

CHILD'S NAME _____ AGE _____ DOB _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS HOME _____ CELL _____

To whom it may concern:

The undersigned does hereby give permission for my child, _____, to attend and participate in the Grace UCC Vacation Bible School.

In the event I cannot be reached, I authorize an adult in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Grace United Church of Christ.

Participant signature (if 18 or older)

Parent/Guardian signature

Date

Medical Insurance Company _____

Policy Number _____