

**First Presbyterian Church of Allen
Vacation Bible School 2011
Confidential Medical Information**

Child(ren)'s Last Name: _____

First Name(s): _____

Family Doctor: _____

Phone: _____

Preferred Hospital: _____

Phone: _____

Medical Release

I hereby grant permission for my child(ren) _____ to use all of the play equipment and participate in all of the activities of the First Presbyterian Church Vacation Bible School program.

In the event of a medical or dental emergency necessitating medical attention for my child, I do hereby authorize that qualified and licensed medical personnel give treatment if I cannot be contacted. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of the church and its volunteers is narrowly defined and extremely limited by the State law and local policy.

Date: _____

Parent's Name: _____

Parent's Signature: _____

Insurance Carrier: _____

Account Number: _____

ID #: _____

Phone Number: _____

** NOTE: This form will be shredded at the end of VBS to ensure privacy.*