



MEDICAL INFORMATION FORM



Child 1 Name: _____ Age: _____ Grade: _____

Allergies: _____

Is there anything, medically, that we should be aware of for this child?:

Child 2 Name: _____ Age: _____ Grade: _____

Allergies: _____

Is there anything, medically, that we should be aware of for this child?:

Child 3 Name: _____ Age: _____ Grade: _____

Allergies: _____

Is there anything, medically, that we should be aware of for this child?:

EMERGENCY CONTACT NAME: _____ PHONE: _____

RELEASE of LIABILITY and WAIVER

I, as the parent or guardian of: _____ (child 1 name)
_____ (child 2 name, if necessary)
_____ (child 3 name, if necessary)

permit the above children to participate in Valley Evangelical Covenant's (VECC) 2024 Summer Adventure VBS program. I hereby release VECC, along with its staff and permitted volunteers, from any and all liability for damage to or loss of property or injury from whatever source, which might occur while participating in this event. I understand that participation in this event is strictly voluntary and I freely choose to allow my child to participate. I understand that VECC does not provide my child with any medical coverage and I verify that I will be responsible for any medical costs that may incur as a result of my child's participation.

By Checking this box, I give permission and release the rights to any pictures or video that will be taken by VECC and potentially used on the VECC websites or print for the purpose of advertising any VECC programming.

(Parent or guardian's signature) (date)