

St. Mary Parish Vacation Bible Fest Medical Release/Consent Form

Child's Name: _____

Any medical condition(s) we need to be aware of _____

Allergies: _____

Medication the child currently takes: _____

Will your child be bringing any medication with him/her to VBF Yes _____ No _____

If yes, what medication _____

Insurance _____ Policy # _____

Physician's Name: _____ Phone: _____

I understand and agree to follow all the guidelines of Vacation Bible Fest. I also agree and understand the following; In the event that the undersigned parent/legal guardian or sponsor cannot be reached to give consent, I give permission to provide emergency medical attention by a licensed physician or medical personnel.

I will not hold the sponsoring agency or its representatives liable in the event my child sustains injury not resulting from negligence of said sponsoring agency and its representatives.

It is my understanding that the medical service on site will be for minor first aid only and that NO MEDICATIONS will be dispensed nor medications carried for any child. The child will be responsible for any EPI Pens and inhalers that need to be on his/her person by having a fanny pack with them at all times. There will be no Benadryl, Tylenol, Advil or any other over the counter medications given out. Our medical service is just for minor first aid ONLY.

Parent/Legal Guardian

DATE _____

ALL FORMS MUST BE RETURNED BY May 20th