



**VBS ACTIVITY AT ANNUAL CONFERENCE CONSENT FORM 2019**

Name of child \_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Primary telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other person and/or number to call in emergency \_\_\_\_\_

**Medical Information**

Is your child presently being treated for an injury or sickness or taking any medication? Yes \_\_\_\_\_

No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child have any food allergy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please

explain \_\_\_\_\_

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

**Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the following VBS program/activity conducted by New Life Fellowship Church and the Hmong District. I certify that my child is physically fit and adequately prepared to participate in this event.

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to allow my child to be photographed or recorded.

If you do not want your child to be photographed or recorded please check below.

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: \_\_\_\_\_, or another adult chaperone designated by New Life Fellowship Church or the Hmong District. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that New Life Fellowship Church and the Hmong District will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date