

## Medical Information and Release Form

Activity to be attended: Vacation Bible School, August 5 - 9, 2019

Name(s) of child/children \_\_\_\_\_ Age \_\_\_\_\_  
attending: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Is your child on any medication? Yes / No

If yes, please give full written instructions to the leaders.

Is there anything else we should know about your child?

\_\_\_\_\_  
Person to contact in a medical emergency: \_\_\_\_\_

Emergency phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Release of Liability, Claim, and Responsibility

I hereby declare the information above to be true and accurate to the best of my knowledge, and I do hereby waive, release, and discharge the Chinese Church of Iowa City, its Pastors, elders, deacons, staff, volunteer workers, Church Board of Directors, and members of the Chinese Church of Iowa City from any and all liability, claim, and responsibility of any injury that may be caused by me, or my child, or by partaking in the above named activity. And I further agree that the person authorized as "Leader" of this activity has my permission to take whatever action may be needed in the event of a medical situation, or emergency, to seek and administer the best treatment available, whether by first aid, nurse, doctor, dentist, ambulance, paramedic, medical clinic, or hospital, at my expense (or my insurance). The person to be contacted for a medical emergency will be contacted at the earliest or most convenient opportunity. And, by my signature, I have read and understand this Release of Liability, Claim and Responsibility, and, I do hereby allow my son/daughter to attend the activity named above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (m/d/y)