

# First Presbyterian Church: Vacation Bible School 2023

## Emergency Release/Waiver Form

**Student Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mom work phone: \_\_\_\_\_ Dad work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Please list any special instructions including medication your child is on and/or will be taking. Also, list any allergies including medications your child may be allergic to. I will keep this form updated in the event there is a change in my child's medical status.

\_\_\_\_\_  
\_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Family Physician: \_\_\_\_\_

I grant my child permission to attend the Vacation Bible School at (FPC 1621 E. Garrison Blvd. Gastonia, NC 28054) from July 24-27, 2023 from 9:00 to Noon.

In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the FPC Team to act for me according to their best judgment in any emergency requiring medical attention. I also give the hospital and/or physician as selected by the FPC Team to hospitalize, treat, and order necessary medication or surgery for the above-mentioned child.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand that all reasonable safety precautions will be taken at all times by First Presbyterian Church and its Team. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Presbyterian Church, its leaders, employees, and/or volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

I hereby waive and release First Presbyterian Church, their staff, and/or agents from any and all liability for any injury or illnesses incurred by my child while participating in or on any part of the lock-in.

Signed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_