Permission Form and Medical Form

I hereby give permission for _____ to participate in VBS at Christ Lutheran Church of York, from July 11-15, 2021 from 5:45-8 PM. I also give my permission for my child to be included in any pictures in connection with this program.
DATE: _____ Signed_____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #: **Emergency Phone #:**

Please provide the information requested below, as it may be needed in case of an emergency.
Student's Date of Birth_____
Allergies: _____

Conditions requiring special consideration (medical/physical):
_____

Does your student require: (A) Epipen Yes ☐ No ☐ (B) Inhaler Yes ☐ No ☐ (C) ANY MEDICATION CURRENTLY TAKEN: (Type of medication and time of administration):_____

Please be sure to speak to the Director of Christian Education, Youth and Family Ministry before {July 4, 2021} regarding any medications or special needs your student may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE VBS LEADER ON THE DAYS OF THE Program.

I will not hold the church {Christ Lutheran Church of York} or medical personnel responsible. In signing this I understand that every attempt will be made to contact the child/youth's parents/legal guardian, physician, or other persons listed for emergency contact.

Primary contact name **Relationship to student:**

Phone #: **Work Phone #:** **Cell Phone/Pager #:**

Secondary contact name **Relationship to student:**

Phone #: **Work Phone #:** **Cell Phone/Pager #:**

Student's Physician: **Phone #:**

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during the VBS program days {July 11-15, 2021 from 5:45-8 PM}

HEALTH INSURANCE INFORMATION:

Company Name: **Policy #:** **Group #:**

Parent/Guardian Name: **Date:**

(PLEASE PRINT)

Parent/Guardian Signature: