**Vacation Bible School**

**MEDICAL HISTORY**

**2023**

**Name Age**

Please list any physical or behavioral conditions that the program staff should be aware of (i.e. epilepsy, fainting, asthma, hyperactivity, nose bleeds etc.):

Allergies (Please list allergy and explain):

Food:

Medication:

Insect Bites:

Is the participant a vegetarian? Yes No

Is the participant currently taking any medication(s)? Yes No

If yes, please list all medications that the participant will be bringing, including complete instructions for the administration of them. Medications must be checked in with the director and must be in their original containers. All medications will be dispensed by the director.

Name of Medications

Instructions

Is the participant currently under the direct care of a physician for any medical condition, recent surgery or illness? Yes No If yes, please explain

Family Physician Phone

Insurance Carrier/Plan Name Policy ID#

Parent/Guardian Signature Date

**San Ramon Valley United Methodist Church**

**Liability Release Form**

**I/We understand that there are inherent risks involved in any activity, and I/We hereby release San Ramon Valley United Methodist Church (SRVUMC), its agents and volunteer workers from any and all liability for any injury, loss or damage, to a person or property that may occur during the course of my/our child’s involvement with Vacation Bible School**

**(7/24 – 7/28/2023).**

* **Check here if you do NOT agree to have pictures of your child posted in any SRVUMC publications including The Monthly Messenger News Letter, The Friday Memo, Social Media and the Website. Signing below without checking this indicated box, releases SRVUMC to include the undersigned children in any photo publications.**

**Participant**

Print Name Date

**Parent/Guardian(s)**

Print name Signature Date

Print name Signature Date