

**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