

**Buffalo Covenant Church Children's Ministry  
MEDICAL RELEASE FORM.**

**For all children's ministry events, effective May 1 through September 30, 2018  
Please complete both sides.**

CHILD'S NAME: \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Company \_\_\_\_\_

Insurance policy in name of \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

List any medication child is taking \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Check applicable box and give appropriate information below:

Allergies:

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

Asthma

Diabetes

Heart Trouble

Other \_\_\_\_\_

**IMPORTANT ALLERGY INFORMATION!**

If you have specified that your child has a food allergy of any kind, please understand that we WILL NOT serve ANY snack to your child on any day of VBS. Please send a snack along with your child every day. We do our best to serve peanut-free snacks, however, we cannot possibly keep track of who may have which foods on which days. We want all of our children to be safe every day. If your child has a food allergy of any kind, send his/her snack along each day. Thank you.

# Permission/Medical Release

Please complete both sides.

I, \_\_\_\_\_ (parent/guardian), hereby give permission for \_\_\_\_\_ (child) to participate in Children's Ministry events planned by Buffalo Covenant Church, May 1 through September 30, 2018.

I authorize any duly authorized employee, volunteer or other representative of Buffalo Covenant Church as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical or diagnosis treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician, dentist or surgeon, whether such diagnosis or treatment is rendered at the office of said physician, dentist or surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, dentist or surgeon in the exercise of his or her best judgment may deem advisable.

I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating in any activities planned and provided by Buffalo Covenant Church Children's Ministries.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of the injury to my child, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.

I agree to be responsible for any expenses incurred in the care of my child through medical insurance or personal responsibility.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_