

# PERMISSION FORM

CHRIST CHURCH CRANBROOK (CCC)

Vacation Bible School (VBS) 2017 (June 19-23)

Christ Church Cranbrook | 470 Church Road, Bloomfield Hills, Michigan 48304



**(complete one form per child please)**

*Please Read Carefully Before Signing*

## Participant Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Parent / Guardian Contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (best): \_\_\_\_\_ Phone (second best): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Information

Please list known conditions we should know about your child (please attach an allergy/diabetic plan if applicable): \_\_\_\_\_

Please list any medications your child will need to be given during camp: \_\_\_\_\_

We have a nurse on staff the entire week of VBS. Please let me know if you would like to meet with the nurse on Monday morning of VBS to introduce your child and develop a plan. \_\_\_\_\_

## Health Insurance Information

Name of Provider: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy/Identification Number: \_\_\_\_\_

## Photography Disclosure

We will be taking pictures of the fun during VBS.

Yes \_\_\_\_\_ No \_\_\_\_\_ My child's picture may appear in the slideshows made for VBS that will be shown to the children daily and the parents on Thursday night.

Yes \_\_\_\_\_ No \_\_\_\_\_ My child's picture may appear in Christ Church Cranbrook's *Communicant* newsletter, website or any other media **without** name identification.

## Parent/guardian permission Emergency Medical Treatment:

This is to confirm that VBS, CCC and their staff has full and complete permission to render first aid and to seek and obtain medical care for my child in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care. I understand that reasonable efforts will be made to advise parents/guardians of the individual's condition prior to any treatment. I agree to pay all costs associated with such care and related transportation.

In consideration of my child being allowed to participate in VBS activities, I hereby agree to **Release, Hold Harmless, Indemnify and Defend** VBS, CCC and their staff and agents from any and all claims, actions and damages arising directly or indirectly from VBS programs, including claims or actions brought by and/or on behalf of the child, and including, but not limited to: claims for injury or loss, and claims for negligence of VBS, CCC and their staff and agents.

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_