

ABC VBS Medical Release and Liability Form

Child's Name _____
(please register each child separately)

Phone Number _____

Drug Allergies/Allergy Reactions _____

Year of Last Tetanus Shot _____

Prescription Medications Used _____

Emergency Contact (if unable to contact a Parent or Guardian)

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Release: If my child should become ill or injured at Apex Baptist Church, I understand that the facility will (1) call 911 should the problem be deemed an emergency and (2) contact me immediately or designated emergency contact. Should the facility be unable to reach me or the emergency contact person, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. I will accept full responsibility for payment of all medical services rendered. I do hereby release, forever discharge and agree to hold harmless Apex Baptist Church and its directors thereof from any liability, claims or demands for personal injury, sickness or death, as well as property damage or expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the Summer Programs of Apex Baptist Church. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. The undersigned further consents to the administration of first aid and or doctor's care, or any form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as hereto described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Parent/Guardian signature

Date