

# VCC Children's Ministry Consent Form

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Location: \_\_\_\_\_

Drop off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_ Cost: \_\_\_\_\_

I understand in the event of an emergency and medical treatment is needed; every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as needed.

I understand *my* insurance will be used as primary coverage in the event medical treatment is needed. Coverage by Vail Christian Church through its accident policy will be used as secondary for what my insurance policy does not cover.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during the event to be used, distributed, or shown as Vail Christian Church sees fit.

I understand all reasonable safety precautions will be taken by Vail Christian Church and its agents during the event and/or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree *not* to hold Vail Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in this event and/or activities sponsored by Vail Christian Church.

I have read the above and agree to its terms and conditions. Furthermore, should it be necessary for my child to return home due to medical, disciplinary, or otherwise, I hereby assume all transportation costs.

Child's name: \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

Emergency phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Medical Insurance: Yes No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

\_\_\_\_\_

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