

Cascades Presbyterian Church

# VBS



Returning to the Value of Life

July 25-28, 2022

9:00am - Noon

Pre-K - 4th Grade





PERMISSION/MEDICAL RELEASE FORM

2022

Parents Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male Female School Grade Completed: \_\_\_\_\_

Health Info (Allergies): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male Female School Grade Completed: \_\_\_\_\_

Health Info (Allergies): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male Female School Grade Completed: \_\_\_\_\_

Health Info (Allergies): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male Female School Grade Completed: \_\_\_\_\_

Health Info (Allergies): \_\_\_\_\_

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

PERMISSION AND RELEASE

As the parent or guardian of the above names attendee, I grant permission for my son or daughter to attend Cascades Presbyterian Church's 2022 Vacation Bible School and authorize CPC and its chaperones, to supervise my child in connection with his or her attendance at CPC's Vacation Bible School 2022 .

I do further hereby give, release, absolve, indemnify, and agree to hold harmless CPC, its Board of Elders, staff, volunteers, and persons from any claim arising out of injury to my son or daughter during Vacation Bible School 2022, except to the extent that such harm is the result of intentional misconduct of CPC or such other party seeking to enforce this release.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action, I will be contacted by the leaders and will be responsible to pick my child up.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

MEDICAL CARE AUTHORIZATION

As the parent or guardian of the above named attendee of Cascades Presbyterian Church Vacation Bible School, I hereby authorize CPC and its chaperones to seek and have emergency medical first aid administered to the above named attendee during Vacation Bible School 2022.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Cascades Presbyterian Church's Vacation Bible School 2022, to be used with CPC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

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

Relationship to Youth \_\_\_\_\_