

Medical/Release Statement

**Please return this form to Prince of Peace Lutheran Church, 930 W. Higgins Rd.,
Schaumburg, IL 60195.**

Mail to the above address by Friday, June 8, 2018.

I/We give permission for my/our child(ren): _____
Name(s)

to participate in Shipwrecked: Rescued by Jesus Vacation Bible School from June 18 to 22, 2018 at Prince of Peace Lutheran Church of Schaumburg, Illinois. I/we understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form and/or the registration form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or an injection, anesthesia, or surgery to my child as deemed necessary.

I/we understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Prince of Peace Lutheran Church through its insurance policy is only a potential backup for what my family's insurance does not cover.

I/we understand all reasonable safety precautions will be taken at all times by Prince of Peace Lutheran Church and its agents during the events and activities. I/we understand the possibility of risk. I/we agree not to hold Prince of Peace Lutheran Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject(s) on this form.

I/we consent to the use of any video images, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject(s) of this release during Vacation Bible School to be used, distributed, or shown as Prince of Peace Lutheran Church sees fit.

I/we attest as the legal guardian of the above named child(ren), that the information provided on this form is true and complete.

Date: _____ Signature of parent or guardian: _____

Phone: (____) _____

Child's name _____
Pre-existing or present medical conditions _____
Any allergies? _____

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