

## Myers Park Baptist Church VBS 2012 Medical Consent Form

Parent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Children's Names (first & last)	List all known medical conditions, including food allergies and /or drug allergies. In addition, include any and all over-the-counter and/or prescription drugs taken regularly.

In an emergency, please contact: \_\_\_\_\_  
 Relationship to child/children: \_\_\_\_\_  
 Phone #'s: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Or contact: \_\_\_\_\_  
 Relationship to child/children: \_\_\_\_\_  
 Phone #'s: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #'s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #'s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_  
 Phone #'s: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Policy Holder's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to child/children: \_\_\_\_\_  
 ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_  
 Hospital of choice to send child in case of emergency: \_\_\_\_\_

**(Continued on back)**

**Required Information:**

List all persons (other than parents) authorized to pick participant(s) up from VBS 2012: \_\_\_\_\_

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Please list ANY additional information about the participant's health (including medications, physical, behavioral, or emotional health) about which the VBS 2012 staff should be aware: \_\_\_\_\_

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I understand that Myers Park Baptist Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in Vacation Bible School 2012. I acknowledge that I assume the risk for any and all injury and illness which may result from participation in VBS. In consideration of the privilege of participating in Vacation Bible School at MPBC, I hereby voluntarily release and discharge Myers Park Baptist Church and its agents, servants, volunteers, and employees from any and all claims for injury, illness, death, loss, or damage which may be suffered as a result of participation in VBS. A parent/responsible party must discuss with the VBS director any special conditions or circumstance involving their child prior to participation. I hereby give permission to the medical personnel selected by MPBC staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of a medical emergency. I understand that no accident/medical insurance is provided with this activity.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_