



# MEDICAL INFORMATION FORM



Child 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is there anything, medically, that we should be aware of for this child?:

\_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is there anything, medically, that we should be aware of for this child?:

\_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is there anything, medically, that we should be aware of for this child?:

\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## RELEASE of LIABILITY and WAIVER

I, as the parent or guardian of: \_\_\_\_\_ (child 1 name)  
\_\_\_\_\_ (child 2 name, if necessary)  
\_\_\_\_\_ (child 3 name, if necessary)

permit the above children to participate in Valley Evangelical Covenant's (VECC) 2023 Summer Adventure VBS program. I hereby release VECC, along with its staff and permitted volunteers, from any and all liability for damage to or loss of property or injury from whatever source, which might occur while participating in this event. I understand that participation in this event is strictly voluntary and I freely choose to allow my child to participate. I understand that VECC does not provide my child with any medical coverage and I verify that I will be responsible for any medical costs that may incur as a result of my child's participation.

**COVID-19 WAIVER:** I also expressly acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and mask wearing for non-vaccinated individuals. I further acknowledge that VECC cannot guarantee my child will not become exposed to or infected by COVID-19 during this gathered event. I agree that I will not knowingly send my child to Summer Adventure with any COVID-19 symptoms, positive tests, or recent direct exposure. I hereby release & agree to hold VECC harmless from, and waive on behalf of my child, any and all causes of action, claims, demands, damages, expenses and compensation that may otherwise arise due to COVID-19 in connection with my child's participation.

By Checking this box, I give permission and release the rights to any pictures or video that will be taken by VECC and potentially used on the VECC websites or print for the purpose of advertising any VECC programming.

\_\_\_\_\_  
(Parent or guardian's signature)

\_\_\_\_\_  
(date)