

**Child and Family Ministries (CFM) Permission Slip & Medical Release Form**  
*For VBS 2024*

I hereby give permission for \_\_\_\_\_ to attend Vacation Bible School sponsored by West Side Church July 15-19, 2024, with VBS Sunday on July 21. I understand every effort will be made to ensure the safety of my child, but the church will not be held responsible for any accidents occurring during this activity.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

***Parent/Guardian Info:***

Name(s): \_\_\_\_\_ & \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

***Medical Information***

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***\*Additional helpful Information***

**Medical Release and Waiver:**

I authorize my child, \_\_\_\_\_, to participate in West Side Church CFM activities, and as a condition of his/her being allowed to do so I hereby release and discharge West Side Church and its constituent organizations and its officers, agents, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in West Side activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that he/she is physically fit and capable of taking part in such activities on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. I hereby give consent for medical treatment to be given to my child in the event it should be necessary.

**Photo/Video Release and Waiver:**

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said events participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

**Please include any known medical issues, allergies or other special needs your child has, or requests for friends:**

**(ONLY ONE FRIEND can be requested)**

\_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian Name (print)*                      *Signature*                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

Emergency Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(Other than parent/guardian)*