



**Medical Consent and
Release Form**

Name of Child: _____ **Date of Birth:** _____

In the event that I/we the undersigned parent(s) legal guardian(s) of the minor child listed above cannot be reached in a timely manner at the emergency number listed below, do hereby give permission and authorization to staff members (either paid or volunteer) of Canyon View Church, Hamilton, MT, to obtain and administer such medical aid or assistance as might be required in the event of an illness or accident on the part of the minor child, while they are involved in the Vacation Bible School program sponsored by the church starting Monday, August 1st and continuing through Sunday, August, 7th, 2016. It is further understood that such permission and authorization includes the administration of medications or medical procedures, as might be ordered by a duly licensed physician of the state of Montana.

In no event will Canyon View Church, its advisors, pastors or staff, be held liable for any accident or illness, nor shall they be held liable for any first aid rendered or treatment, drugs and medical or surgical procedures performed pursuant to this consent.

By signing below, I also give Canyon View Church permission to use my/my Child's photo and/or likeness in VBS promotional materials.

Date: _____ **Emergency Phone #:** _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT:

(Physician's Name & Telephone #, Insurance information, existing medical conditions, etc.)
