

**CENTRAL PRESBYTERIAN CHURCH  
LIABILITY RELEASE FORM**

Parent Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (h) or (c): \_\_\_\_\_

e-mail: \_\_\_\_\_

Parent / Guardian Permission and Medical Statement

I hereby certify that my son/daughter has my approval to attend Vacation Bible School at Central Presbyterian Church from August 9 – 13, 2010. I understand that all reasonable care will be taken to avoid accident or injury to my child during the events of VBS, and I release Central Presbyterian Church, its staff and volunteers from liability. In the event of an emergency, I understand that every effort will be made to contact me or the authorized person listed on this form. In the event that we cannot be reached, I grant permission to the VBS and/or CPC staff and volunteers to secure medical and/or surgical care for the child named above. I understand that Central Presbyterian Church does not carry insurance for its VBS attendees, and agree to accept the expense of emergency care through my medical insurance and/or personal resources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please note any medical issues of which the staff should be aware:**

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**Medications taken by the child named above:**

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