

MEDICAL CONSENT AND LIABILITY WAIVER FORM

Peace Lutheran Church

202 Dickinson Rd

Monroe, WA 98272

(360-794-2082) www.peacemonroe.org

I give my permission for the following child/children
to participate in **Kids Bible Day Camp**

<u>Name</u>	<u>Grade</u>	<u>DOB</u>	<u>Male or Female</u> <u>M/F</u>	<u>Allergies?</u> <u>Y/N</u>

Home Address: _____

City/State/Zip: _____

Email: _____ **Phone:** _____

Parents/Guardian's Name: Father: _____ **Mother:** _____

If at any time my child should be injured or become ill while attending this event (Kids Bible Day Camp), and we (parents or guardians) cannot be reached, the leader / counselor or other authorized adult has our permission to secure the necessary emergency treatment at the nearest medical facility.

I understand that it is my responsibility to provide accident and medical insurance for my child and I declare that my child is covered by such insurance, I assume all responsibility and liability for injury to my child.

I release and forever discharge Peace Lutheran Church, it's officers and staff, employees and other representatives against any and all claims, damages and causes of action in law or in equity which I may have as result of my child's participation in attendance at this event (Kids Bible Day Camp).

If any conduct of my child warrants them to be excused from participation in any event, I assume all responsibility for disciplinary action and picking up my child upon being notified by a counselor.

I, the undersigned, hereby acknowledge that I have read the forgoing, understand it's contents and have signed the same as my own free act and deed.

Signature of Parent / Guardian

Date

Phone Numbers:

Father's Cellphone: _____ **Mother's Cellphone:** _____

Emergency Contact:

Name

Number

Relationship

Additional Information: Please list any current health problems; directives for medical and/or emergency care, etc. Please also list any **general allergies**, any **allergies to medication** and/or pre-existing conditions.

PEACE LUTHERAN CHURCH MONROE - PHOTO RELEASE FORM

Permission to use Photograph(s)

Event: Kids Bible Day Camp

I grant to Peace Lutheran Church, Monroe, WA, the right to take photographs of me and my family in connection with the above-identified event. I authorize Peace Lutheran Church to use and publish the same in print and/or electronically. I agree that Peace Lutheran Church may use such photographs for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed name (parent)

Signature (parent)

Printed name (children)

Date

Please return completed form to peacechurchmonroe@gmail.com or the church office.

