

VERGE CAMP Activities Medical Release & Consent Form

I, _____ am the parent or legal guardian of _____ who was born on ____/____/____. I warrant that I possess all the rights, powers, and privileges of parent or legal guardian necessary to execute this document with legal effect.

I acknowledge and agree that The Rock Family Worship Center shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or personal injury me or my family, heirs, or assigns while engaged in such activities.

I consent to the examination or treatment of my child by a physician dully licensed to practice medicine in the United States of America and overseas or any health care professional dully licensed to provide health care services for medical care and services deemed necessary by The Rock Family Worship Center, it's agents, servants, and employees.

I give permission to the Doctor or Health Care Professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform the management of The Rock Family Worship Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at The Rock Family Worship Center or involving Verge Summer Camp or its programs. Should the need for medical attention arise, The Rock Family Worship Center will attempt to contact guardians as soon as practicable under the circumstances.

I hereby authorize the staff of The Rock Family Worship Center to give permission or consent to any medical treatment deemed necessary for my child and to act on my behalf in an emergency medical situation. I also release The Rock Family Worship Center and its staff from responsibility of injuries sustained by my child while under supervision in activities that take place with the church.

Do you feel your child is responsible enough to administer their own medication? Yes No

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Emergency Contact Person(s): _____

Emergency Contact #: _____ Relationship to child: _____

Insurance: _____ Policy Holder: _____

Group #: _____ Allergies: _____

Medications: _____

Please list any over the counter medications that are not ok for your child to take: _____

Parent/Guardian Signature _____ Date: _____

Print Name: _____