

Maplewood Reformed Church Vacation Bible School - Permission Slip

As a parent/legal guardian of the below listed children, I have reviewed the information about Vacation Bible School, and give permission for them to be involved in the overall activities.

- I/We have reviewed the rules of the activities and agree that the subject of this release will abide by them.
- I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.
- I/We understand all reasonable safety precautions will be taken at all times by Maplewood Reformed Church and its agents during the events and activities.
- I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.
- I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.
- I/We agree not to hold Maplewood Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.
- I/We are aware that pictures and/or video of my child may be taken at Maplewood Reformed Church and that these pictures and/or video may be posted to the Maplewood website. The pictures will be used for the purpose of illustrating the activities that happen during Vacation Bible School.

Student Name

Grade Fall 2014

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Name (Please Print) _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contact Person _____

Relationship to Student _____

Home Phone _____ Cell Phone _____

Church Home _____

Med Ins Co & Policy # _____

Parent/Guardian Signature _____ Date _____

Please list below any allergies and/or medical conditions the subject of this release may have.
