

EMERGENCY MEDICAL AND LIABILITY RELEASE FORM

VBC Houston

Instructions: This form must be filled out for each minor child who is registered for Children's Ministry at VBC Houston Revival Conference.

It is VBC Houston's policy that caretakers are not to give or apply medications. If a child needs medication, the parent or guardian must give it. No medication should be left in the classroom with the child or any caretaker.

In extreme cases (allergies, asthma, etc.) arrangements for the administration of the medication must be made with written instructions and permission from the parent or guardian. Medication should be in its *original* prescription bottle/package, which should have administration instructions and the child's name clearly indicated. These medications will be used only if a doctor's written order and/or parent's or guardian's instructions are received on the sign-in form.

We kindly ask parents or guardians to not bring their children to the nursery or classrooms in the event of fever, respiratory illness, diarrhea, rash, or other illnesses that may be contagious to other children. In the event such an illness occurs, we may ask you to pick up your child from the nursery or classroom.

Parent or guardian acknowledge that they are responsible for the care of their children once their children are checked-out of their ministry rooms, including but not limited to, breaks, pre-conference, and post-conference. Children should be at parent's/guardian's side when not checked-in to the Children's Ministry. Parent or guardian acknowledge that VBC Houston has several potentially dangerous areas for children, including but not limited to long hallways, exits, and parking lots. Therefore, parent or guardian accept liability and release VBC Houston from all liability concerning the behavior and actions of their children, including but not limited to, when interacting with their environment and with other children.

Name of Minor: _____ Date of Birth: _____

Street Address of Minor: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parent(s)/Guardian(s) Name(s): _____

Street Address (if different from minor): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Insurance Company: _____ Policy #: _____

Please mark answer as appropriate:

1. Is your child allergic to: Bee Sting Pollens Hay Straw Penicillin Baby Powder
 Milk Eggs Peanuts Soy Wheat Tree nuts (e.g. walnuts, cashews) Fish
 Shellfish (e.g. shrimp) Other:

2. Are any of the above allergies potentially serious or life-threatening? If so, please explain.

3. Is your child bringing any medication with him/her? Yes No

This is only allowed in extreme cases (e.g. allergies, asthma). If yes, please list and state dosage:

*PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes No

If yes, please explain?

5. Has your child ever had: Seizures Asthma Diabetes Home-sickness
 Heart Disease Other (please list)

6. Has your child received all required immunizations? Yes No

In the case of medical emergency, I understand that hospital policy requires parental or guardian permission before treatment. I hereby give my permission to a representative of VBC Houston to administer medication as identified above (see #3) and to secure proper medical treatment.

Parents or guardians will be notified immediately of any medical emergency.

Signature: _____ Date: _____
Parent/Guardian

Printed Name: _____

Emergency Phone: _____

Person to contact if parent/guardian cannot be reached: _____

Relationship: _____ Phone Number: _____