



Rhema Covenant Church Vacation Bible School 2022 - Permission Form

Event Covenant

1. I will be responsible to the church's designated leaders during this event (and will follow their guidance).
2. I will try to use my best judgment at all times.
3. I will stay with the group and will not go anywhere alone. I will make an extra effort to keep the designated leaders informed as to my whereabouts.

I agree that I will comply with the **Event Covenant**

Child's signature: _____

(Parent/Guardian) signature: _____ Date _____

Participant /Parent or Legal Guardian Release Form - Medical Release - Permission Form

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____

City: _____ Zip: _____ Phone # (____) ____ - _____

E-mail: _____ Gender: Male Female

Parent or legal guardian's name: _____

Alternate contact person: _____

Phone & address of alternate person: _____

- I/We give consent for Rhema Covenant Church to use a photo or other digital reproduction of (name of child) _____ for publication processes, whether electronic, print, digital, or electronic publishing via the internet.
- I (myself) _____, give my permission for the child of this release to be involved in the stated event.
- I/We have reviewed the Event Covenant above, and agree that I (or the subject of the release) will abide by them.
- I/We understand all reasonable safety precautions will be taken at all times by Rhema Covenant Church and its agents during events and activities.
- I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.
- I/We agree not to hold Rhema Covenant Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.
- I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity time and date shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for the subject of this release as deemed necessary.
- If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you or the subject of this release child is at the event.



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Please complete this form as fully as possible:

Child's Name: _____

My child/youth is covered by medical insurance: Yes No

Name of child/youth covered by medical insurance: _____

Name of company: _____

Policy #: _____ Group #: _____

In whose name is the policy? _____

Family doctor: _____ Office # (____) ____ - _____

List any pre-existing or present medical conditions: _____

List any known allergies: _____

Will the subject carry any medicines or inhalers? If so names and dosages: _____

Child/youth has had a Tetanus shot? Yes No Date: _____

Any activity restrictions? _____

Parent/Guardian Signature: _____ Date: _____