Versailles Christian Church
105 W Ward St. Versailles, OH 45380
937-526-4194 www.versaillescc.com

2021-2022 Medical Release Form

VCC Student Ministries

Effective Sept 1, 2021-August 31, 2022

Child's Name: _____ _____ _____ D.O.B. __/___/_____ Age: ___ Gender: M / F
Last First M.I.

School: _____ Grade: ___ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Info

Parent / Guardian #1 Name: _____ _____ Relationship to Child: _____

Parent / Guardian Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent / Guardian #2 Name: _____ _____ Relationship to Child: _____

Parent / Guardian Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Medical Info

Medical Insurance Provider: _____ ID / Policy # _____

Name of Primary Policy Holder: _____

Current Medications: _____

_____

Allergies: _____

_____

Medical Conditions: _____

_____

Date of Last Tetanus Shot: _____

Medical and Participation Release

I understand that, in the event medical treatment is required for my child, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or adult leaders to secure the services of a licensed physician to provide the care necessary for my child's well-being, including anesthesia or emergency surgery. I also understand it is my responsibility to keep the above information current and up to date regarding any changes.

I acknowledge that my child will be participating in events / activities sponsored by Versailles Christian Church during the 2020-2021 ministry year. I release the church from all actions, claims, and demands against the church or its representatives by reason of my child's participation in the ministry activities, including the travel to and from the activities.

I agree to transport my child home from an event / activity if my child engages in the use of illegal substances; in disrespectful, disobedient, dangerous, or illegal activity; or if my child's behavior is such that the leaders judge it necessary for him/her to leave early.

I also give permission for my child to ride in any vehicle driven by the adults in whose care the minor has been entrusted while attending and participating in activities sponsored by Versailles Christian Church

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

NOTE:
This medical consent form will be kept and considered valid until August 31st, 2022. This form will be copied and will accompany the adults on any off-site activities. This form does not grant individual permission for all events held this year. Many events will require a specific and brief permission form to be signed by you, the parents or guardians.