



Shepherd of the Hills United Methodist Church

Vacation Bible School, July 26 - 30, 2021

Waiver & Emergency Information (one per child)

Child's name: _____ Child's gender: _____

Date of birth: _____ Grade in Fall 2021: _____ T-shirt size: _____

Name of parent/guardian: _____ Cell: _____

Name of parent/guardian: _____ Cell: _____

Email: _____

Address: _____

Alternate Pick Up: _____ Phone: _____

Do you give permission for the capture and use of images of your child during the programs and activities of SOTHUMC including, but not limited to, video, still photo, digital imaging or other such means? YES NO

WAIVER AND EMERGENCY MEDICAL INFORMATION

I, the undersigned parent or legal guardian of _____, a minor, recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, injury, or other health condition. I do hereby give permission for Shepherd of the Hills United Methodist Church (SOTHUMC), its ministers, leaders, employees, volunteers, and agents to seek and secure any medical attention and/or treatment for my child, including, but not limited to hospitalization, if the need arises. I give permission for attending physicians and other medical personnel to administer any needed medical attention and/or treatment to my child. I further agree to be responsible for and pay, either through my insurance provider or individually, all fees and costs arising from any medical attention and/or medical treatment provided for my child. By signing this form, I fully and forever absolve and release SOTHUMC, its members, officers, agents, employees, successors and assigns, and each of them, of and from any and all responsibility, liability, or both, for any and all injuries, damages, or both, sustained by my child while participating in any planned activity of SOTHUMC, in connection with any activity, but shall apply to all other bases of liability.

Signature of parent or legal guardian _____ Date _____

Allergies (food, drug, environmental): _____

Medications: _____ Will an EPI-PEN be provided: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child: _____

Other information we should know about your child: _____

