

**Shepherd of the Hills VBS Medical Release**  
**"Hometown Nazareth: Where Jesus was a Kid"**  
**June 20-24, 2011 9 a.m. – Noon**

**This form must be completed and signed in order for child to participate.**

\_\_\_\_\_  
**\*Please write name of child on above line.**

The above named child has my permission to participate in all activities for  
Vacation Bible School at Shepherd of the Hills Lutheran Church.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

***\*In case of emergency when parent/guardian cannot be reached please contact:***

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone(s): \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Allergies (including food)/disabilities/medical concerns: \_\_\_\_\_

\_\_\_\_\_  
Medications: \_\_\_\_\_

\_\_\_\_\_  
The undersigned agrees to hold Shepherd of the Hills Lutheran Church harmless from any claim for injury to the above named child arising out of or in anyway connected with the above named activities. If I/we the undersigned parent/legal guardian(s) cannot be contacted, I/we do hereby consent to do any x-rays, examinations, anesthetics, medical or surgical diagnosis or treatment and hospital services that may be rendered to said child under the general or specific instructions of an emergency room physician. It is understood that this consent is given in advance of any specific diagnoses or treatment, or hospital care and that I/we the undersigned are responsible for all charges for the above mentioned diagnoses, treatment, or hospital care.

\_\_\_\_\_  
Date: \_\_\_\_\_

***\*Signature of Parent/Legal Guardian (Required)***