

Heritage Fellowship Church

VBS Consent Form

July 29th - August 1st, 2025

Child's Name:

Child's DOB:

Parent/Guardian Name:

Parent/Guardian Name:

Allergies:

Emergency Contact/Number:

Emergency Contact/Number:

Emergency Contact/Number:

Consent & Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the scheduled activities of Heritage Kingdom Kids while left in the care of church leadership. I certify that my child is physically fit and adequately prepared to participate in the recreational activities.

Name:

Signature:

Date:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or health care provider: Eryn Cummings, Crissy Gardner, or another child chaperone designated by the church.

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical treatments, and hospital care. I understand that Heritage Fellowship and any chaperone designated by the church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Name:

Signature:

Date:

Waiver & Release

I, the undersigned, being the parent or legal guardian of the child named above, hereby release, waive, discharge and relinquish Heritage Fellowship Church, its employees, faculty and volunteers from any and all liability for injury or accident during the scheduled activities.

Name:

Signature:

Date: