



## Medical Release & Parent Consent Form VBS 2026

Name of child: \_\_\_\_\_

Date \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's ph # \_\_\_\_\_

Any activity restrictions: \_\_\_\_\_

List allergies and medications: \_\_\_\_\_

**Note: Emergency medication must be provided by the family for the child.**

Is medication required for an allergic reaction? (Y/N) \_\_\_\_\_ Medication name: \_\_\_\_\_

Is the child currently taking medication? (Y/N) \_\_\_\_\_ If yes, please complete following info:

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

**Note: All children who have a prescribed EPI pen or inhaler are responsible for bringing and keeping them while at the VBS event.**

Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number (cell): \_\_\_\_\_

Parent Consent: I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, authorize the leadership of Templeton Presbyterian Church (TPC) to care for the administration of first aid treatment for any minor injuries my child receives during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of TPC to summon any or all professional emergency personnel to attend, transport, and treat my child. I agree to hold harmless any staff, assistants, and volunteer workers of TPC from any and all claims, suits, costs and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature: \_\_\_\_\_

**PHOTO RELEASE** (optional): I give permission for photographs of my student to be used in TPC printed info and on the web. I understand that photos may be posted within the church or on power point slides.

Signature of parent or legal guardian \_\_\_\_\_