

Elba United Methodist Church

Vacation Bible School Release Form

Medical Release

In the event on an emergency or a situation that is reasonably considered to be an emergency, I _____, the parent/guardian give permission for Elba United Methodist Church to seek and authorize emergency medical care to be given to my child _____. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. Elba United Methodist Church will make reasonable attempts to notify/guardians prior to authorizing any such emergency care.

I fully understand that my child must abide by all rules governing conduct and safety while attending Elba United Methodist Church activities.

Signature _____ Date _____

Media Release

I give permission for my child to be included in pictures/videos connected to Elba United Methodist Church. I agree that my child's image may appear in publications and/or web content, without his/her name, for any lawful purpose.

Signature _____ Date _____