



Valley Christian Fellowship KidVenture Medical Release Form

VCF Activity: _____

Destination/Location: _____

Date ____

Student name _____ Age ____ Grade ____ Birthdate _____

Address _____ City _____ State ____ Zip _____

Parent/guardian cell phone: _____ relationship: _____

Backup contact cell phone: _____ relationship: _____

State any pertinent medical information (include allergies, current medications, or special needs)

Physician's Name and Phone # _____

Family Health Insurance _____ Subscriber name _____

Policy/Group # _____ Insurance Mailing address _____

In case of illness or injury, Valley Christian Fellowship has my permission to procure medical treatment for the above named minor. I understand that Valley Christian Fellowship does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all fees and charges arising from illness or injury that may occur to the above named during activities with Valley Christian Fellowship.

I, the parent or legal guardian of this participant, hereby give permission for the above named child to participate fully in the special activity stated above. I, the undersigned, hereby agree to hold harmless and indemnify Valley Christian Fellowship, its directors, employees, and representatives from any and all liability, personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child participant while he/she is participating in the above mentioned event.

Signature of Parent or Legal Guardian

Date