



BELTSVILLE SEVENTH-DAY ADVENTIST CHURCH

Vacation Bible School 2023

MEDICAL RELEASE

Student's Name: _____ Grade: _____

Parent / Legal Guardian:

Name: _____

Address: _____

Contact Phone Number: _____

My child has my permission to participate in Vacation Bible School July 24-29, 2023. I also agree to indemnify and hold harmless the sponsoring institute, Beltsville Church and Potomac Conference of Seventh Day Adventists and sponsors from liability arising any accident or injury occurring during this week.

This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, child, and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

Signature of Parent/Guardian: _____ *Date* _____

In the event of sudden illness or accident requiring medical attention, my child has my permission to obtain medical services. I can be reached at the following numbers:

Cell: _____ Alternate _____

Please indicate any medical conditions, allergies, or medications:
