

Medical Consent Form

This SIGNED consent form must be completed for each child for pre-registration, or any accompany your child at registration.

I, the parent (or guardian) of (child) _____ will hold Holiday Community Fellowship Church harmless in the event of any accident or injury of my child. I give my consent to Holiday Community Fellowship, (who will make every effort to contact me regarding the safety of my child), to endeavor to obtain immediate, proper medical treatment, including transportation to a hospital in the event of an emergency. I also understand that all expenses incurred as a result of an accident or injury will be my sole responsibility.

I further give my consent to photograph/videotape my child during the Vacation Bible School events, to be used solely for Holiday Community Fellowship Church publications. No names of minors will be used in any publications.

Signed _____ Date _____

(Parent or Guardian)