

**“The Gospel According to Dr. Seuss” VBS 2013
Medical Release Form**

If parent/legal guardian is not available in an emergency, please contact:

Name _____

Phone _____

Please list any allergies. Include medications, food, etc.

Does your child have any medical or special needs, including current medications?

No_____ Yes_____ If so, please explain: _____

Doctor’s Name _____

Phone _____

Dentist’s Name _____

Phone _____

I (We), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of the Federated Church of Ashland as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further hereby give my approval of, and consent to him/her to participate in any and all of the activities of VBS. I assume all risks and hazards incidental to the activities, and so hereby release, acquit, and forever discharge and agree to indemnify and save harmless Federated Church of Ashland, their VBS, their instructors and supervisors, and all other persons assisting with the conduct of said activities. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (Print)

_____ Date _____

Parent/Legal Guardian (Sign)

_____ Date _____

Website Content Usage / Photo Consent Permission Form

I give the Federated Church of Ashland permission to use images, music, and/or vocal performances and grant the Federated Church of Ashland all rights to use these sound, still, or moving images as content on its website, <http://www.federatedchurchofashland.org>. I certify that I have read this agreement, understand all of its terms and agree to be bound by the terms of this agreement, on the day signed below.

Parent/Legal Guardian (Sign)

_____ Date _____

Send Form to: Federated Church, 118 Main Street, P.O. Box 26, Ashland, MA 01721