

Pleasant Home

COMMUNITY CHURCH

PERMISSION TO ATTEND / MEDICAL RELEASE & CARE AUTHORIZATION

I / we, _____ (parent(s) / legal guardian(s) – circle one), hereby grant permission for _____ (child's name), _____ grade, _____ years old, to participate in Vacation Bible School at Pleasant Home Community Church (PHCC) from Monday, June 24, 2024 through Friday, June 28, 2024.

- I / we also give permission to PHCC and/or their designate(s) to authorize any medical care that may be deemed necessary while participating in this event.
- I / we totally indemnify **Pleasant Home Community Church** or their designate(s) from any liabilities incurred during, or as a result of, participating in these events.

_____ **Parent(s)/Legal Guardian(s) Signature(s)** _____ **Date**

Emergency Phone Numbers:

Work: _____
 Home: _____
 Cell Phone(s): _____

Medical History:

- Medical Insurance Company: _____ Policy # _____
- Are we authorized to administer Acetaminophen or Ibuprofen IB to your child on an as-needed basis (for headache, fever, etc.)? **YES NO**
- Is this child presently under medication? **YES NO** (if yes, please complete the attached *Medication Form for Pleasant Home Community Church*)
- Known allergies or medical conditions: _____

I HAVE ATTACHED A COPY OF MY CHILD'S MOST RECENT HEALTH INSURANCE CARD. Medication Form – Pleasant Home Community Church

Name of Child _____ **Age** _____ **Grade** _____

Name of Medication _____

Dosage (amount per dose) _____ Frequency (dosage per day) _____

Duration (# of days) _____ Medical Condition _____

Name of Medication _____

Dosage (amount per dose) _____ Frequency (dosage per day) _____

Duration (# of days) _____ Medical Condition _____

Any special instructions: _____

Known allergies (i.e., medications, food, bee stings): _____

Any serious/chronic medical problem(s): _____

Name of Family Doctor _____ Phone # _____

Medical Insurance Company _____ Policy # _____

- Pleasant Home Community Church will not administer medications that are not properly labeled.
- All medication must be in the original pharmacy container with correct label.
- For the safety of all involved, all medication will be kept in the charge of a staff member.

Parent/Guardian Signature _____ **Date** _____

Please submit your release form in-person or by email to VBS@phccgresham.org.