Medical Release Form
SonRock VBS 2009 Day Camp

Please fill out one registration form per child.

Valley Vineyard Church
6642 Reseda Blvd
Reseda CA 91335
818-776-9696
www.valleyvineyard.org

Child's Name: _____ Age: ____ Birthday: _____ Grade next fall: _____
First Last

Parent or Guardian: _____ Relationship to child: _____
First Last

Home Phone: _____ Cell: _____ Other: _____

Address: _____

E-mail Address: _____

Medical Release Form

Dr.'s Name: _____ Insurance: _____ Policy # _____

- Please list and describe any allergies to food or medication, etc… _____

_____

- Please also provide any helpful information regarding physical or emotional challenges or limitations. _____

_____

If parent of legal guardian cannot be reached, please notify in case of an emergency:

1. _____ Phone: _____
   Name Relationship
2. _____ Phone: _____
   Name Relationship

I, _____ as parent or legal guardian of, _____authorize my son/daughter to participate in the activities sponsored by the Valley Vineyard Christian Fellowship. In the event of an accident or illness, I give my permission to the staff/volunteer to secure the services of a licensed physician or other licensed medical emergency worker to provide the care necessary, including anesthesia, for my child's well-being.

Today's Date: _____ Parent Signature: _____

You may fax the completed form to:
818-776-8903