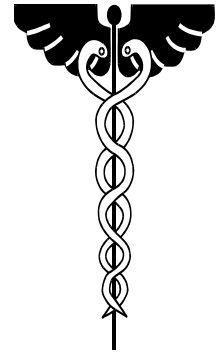


MEDICAL RELEASE



Event Title Covenant Presbyterian Church VBS Date July 13-July 15, 2009

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Insurance Company _____

Member Name _____ Group or ID # _____

Does your child have any allergies? If so, please describe _____

Please describe any pertinent medical history, reactions to drugs, heart condition, asthma or any other information we would need to know in the event of an emergency: _____

Date of last Tetanus shot _____

Person to notify in case of an emergency:

Name	Relationship	Phone Number
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In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

The undersigned hereby agrees to hold harmless and indemnify the Covenant Presbyterian Church, Los Angeles, California and each of its employees or agents against any claims, demands, liability, costs of suit, damages, loss and/or judgements which may arise out of the giving by them or any of them of any consent as described aforesaid, provided such consent shall have been given in good faith.

Signature of parent or guardian

Date