

Print Name and Date: \_\_\_\_\_

Emergency MEDICAL Information: \_\_\_\_\_

Limitations/Disabilities/Restrictions: \_\_\_\_\_

Other Information: \_\_\_\_\_

Permission to seek medical attention / Medical release authorization

My child/children, \_\_\_\_\_,  
has my permission and is physically able to participate in the VBS 2022 program at  
Calvary Chapel Kaiserslautern. In the event of injury or illness, and I cannot be reached,  
I authorize leaders of the program to seek or provide any appropriate treatment for my  
child. In the event that my child needs immediate medical assistance, I give my  
permission to admit my child to the care of any available physician and said person(s)  
may use this statement to administer all necessary aid, treatment, and medication  
needed. I agree to hold Calvary Chapel Kaiserslautern and the volunteers of Vacation  
Bible School 2022 (VBS 2022) blameless for any injury to my child.

Family Doctor: Phone: \_\_\_\_\_

Health Insurance Co.: Phone: \_\_\_\_\_

Policy ID# Name of Primary Insured Person: \_\_\_\_\_

List of Authorized Persons to Pick-up Child: \_\_\_\_\_

Sign and Date:

X \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: Child will not be released to anyone not noted on this form. Identification will be required.

May bring printed copy or scan and email to: [elliott@cck-town.org](mailto:elliott@cck-town.org)