

**Vacation Bible School & VBS Work Trip  
Emergency Medical Authorization &  
First Presbyterian Church & Church of the Holy Spirit Release**

**If reasonable attempts to reach me by phone at home or at work have been unsuccessful, I hereby give my consent for:**

1) The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_ at \_\_\_\_\_ Hospital but, if not available, by another licensed physician on the same hospital staff; or \_\_\_\_\_.

2) The transfer of the child to any hospital reasonably accessible and recommended by paramedics or Vacation Bible School Director, based on seriousness of the injury.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I do not give** my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical help, I wish those in charge to: \_\_\_\_\_

This agreement by and between The Society of the First Presbyterian Church of Lake Forest, Illinois ("FPC") and The Church of the Holy Spirit ("CHS") and the Parent/Guardian/Participant of Vacation Bible School/VBS Work Trip ("VBS"), June 12-15, 2018.

**Child(ren)'s Name(s):** \_\_\_\_\_

I hereby release First Presbyterian Church and Church of the Holy Spirit and their Representatives from any liability for injury or damages for the above child(ren) and hereby waive any and all rights of subrogation, indemnification or contribution that may have or hereafter acquire against FPC, CHS, or any of their officers, directors, trustees, Ministers, employees, volunteers or members, arising out of any claim, demand or suit.

I understand that this release is a contract. No oral representation, statement of inducements apart from the above written agreement has been made. I expressly state that I have read, understand, and am familiar with all its observations and that I sign it of my own free will. I further expressly agree that this release, waiver and indemnification agreement is intended to be as broad and inclusive as it permissible by the laws of the State of Illinois at that if any portion of this agreement is held to be invalid, it is agreed that the balance shall notwithstanding, continued in full force and effect.

I hereby state that I am the parent or guardian of the minor(s) whose name(s) appear(s) above. I am familiar with and consent to the terms and conditions set forth in this release of liability.

**Parent/Guardian of VBS Participant:** \_\_\_\_\_ **Date** \_\_\_\_\_

(Signature)