

MEDICAL RELEASE STATEMENT:

The submittal of the VBS electronic registration confirms that I understand all reasonable safety precautions will be taken at all times during the VBS event to protect my child during VBS. I understand the possibility of unforeseen hazards and the inherent possibility of injury. I understand that in the event medical intervention is needed for this child, an attempt will be made to immediately contact the persons listed on this form. In the event that I cannot be reached in an emergency, I hereby give my permission for Scottsbluff Church of Christ to call 911 and request emergency services and/or for a church representative to transport the child to a medical emergency or urgent care facility for treatment.