



Children's Medical/Permission and Release Form
This Form is Valid for the "Welcome to the Jungle!" VBS 2026 at Bridge Helena.

Please complete **ONE PER CHILD**

CHILD INFORMATION

Child's Name	Birth Date
Parent / Guardian Name	Parent / Guardian Name
Name	Name
Cell #	Cell #
Work #	Work #

Besides a parent or guardian, who do you authorize to pick up your child?

EMERGENCY CONTACT *(if different than named above)*

Name	Relationship
Phone #	

MEDICAL CARE CONTACTS

Physician's Name	Phone #
Dentist's Name	Phone #

HEALTH INSURANCE FOR CHILD

Insurer's Name:	Policy #
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MEDICAL HISTORY *(If any, please give appropriate additional information)*

- Asthma
- Diabetes
- Dizziness
- Hay Fever
- Heart Trouble

Kidney Trouble

Stomach Upset

Allergies

Other

Current Medication:

Does your child wear contact lenses? YES NO

Parent/Guardian Consent and Agreement

In consideration of my child's (name listed above) opportunity to participate in Bridge Helena's "Welcome to the Jungle!" Vacation Bible School from June 15-19, 2026, I acknowledge and accept the risks of injury associated with participation in the camp. I accept personal financial responsibility for any injury or other loss sustained during the camp, as well as for medical treatment rendered to my child that is authorized by Bridge Helena, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend, and hold harmless Bridge Helena (aka Bridge Assembly of God), its leaders, employees, volunteers and agents from any and all injury or loss arising directly or indirectly out of the activities of the camp.

Parent / Guardian Signature

Date

Print Name

Parent / Guardian Signature

Date

Print Name