

Creation Health Vacation Bible School Parent/Guardian Consent Form

Child's Name (Last) _____ (First) _____

Address _____ City/St _____ Zip _____

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided by Creation Health Bible School in their Vacation Bible School program. I hereby consent to any treatment deemed advisable in an emergency by a physician. I also release, indemnify and hold harmless from any liability, of Adventist Health System/Sunbelt, Inc., their employees and staff of any damage be it real or personal.

Check one of the following:

- I give consent to take photos of my child during VBS.
- I DO NOT give consent to take photos of my child

Parent/Guardian Print Name:

Signature: _____ *Date:*

Additional Information (exclude from the following activities):
