**MEDICAL TREATMENT RELEASE**

**In case of an emergency, I give permission for The Village Chapel to seek the appropriate medical care. I will be contacted immediately and notified of any decision.**

**CHILD/HELPER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature Date**

**Does your child have any ALLERGIES or MEDICAL CONDITIONS of which we should be made aware?**

 **Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We respectfully request that your child bring his/her own snack if food allergies are a concer.**

**PHOTOGRAPHY RELEASE FORM**

**The Village Chapel often takes photographs during special events. These pictures appear in church publications and/or the local newspaper. Please sign below if you agree to permit us to take you and/or your child’s photo.**

**Signature Date**