

**VBS - First Evangelical Free Church of Boone  
EMERGENCY MEDICAL PERMIT**

To Whom It May Concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment with emergency circumstances in my absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Minor Child \_\_\_\_\_

**VBS - First Evangelical Free Church of Boone  
PHOTO RELEASE**

I hereby consent to and authorize the use and reproduction by VBS, or anyone authorized by VBS, of any and all photographs that have been taken of me and or/my child(ren), for any purpose, without compensation to me. All negatives and positives, together with the prints, are owned by VBS. VBS reserves the right to use these photographs in any of its prints or electronic publications. I hereby acknowledge that I have read and understood the terms of this release.

Signature \_\_\_\_\_ Date \_\_\_\_\_