

CHRIST CHURCH MEDICAL RELEASE/PERMISSION SLIP

I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: (_____) _____ Student Cell: (_____) _____

Parent E-Mail: _____

Age: _____ D.O.B. (day/month/year): ____/____/____ Grade: _____

School: _____

Parent /Guardian name to contact in an Emergency:

Name _____ Relationship to Student _____

Home Phone: (_____) _____ Mobile Phone:(_____) _____

Work Phone: (_____) _____ Which is best to contact you? H M W

Person(s) to be reached if parent/guardian cannot be contacted:

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

RELEASE OF LIABILITY

I/We, the undersigned parent(s)/legal guardian(s) of the above minor(s), do hereby release and agree to hold harmless Christ Church and any related member, employee, sponsor or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the listed minor's planned participation in every Christ Church event during June 2017-June 2018. This release covers all rights and actions of every kind, nature, and description, which the minor and his/her parent(s)/legal guardian(s) ever had, now has, or but for the release, may have.

(Signature of Parent/Guardian)

(Date)

(Relationship)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE TO A MINOR

I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

First: _____ MI: _____ Last: _____

do hereby authorize any necessary examination, anesthetic, dental or surgical diagnosis or treatment by a duly licensed physician or dentist, or at a state-licensed hospital.

(Signature of Parent/Guardian) (Date) (Relationship)

Please list any allergies: _____

Please list any medications and information regarding those prescriptions: _____

Does your child have diabetes, hypoglycemia, medical, or behavioral disorders of which the adult youth leader should be aware? _____

Does your child have a history of seizures? Yes _____ No _____

My child's immunization record is up-to-date and on file at _____ office.

Is your child a proficient swimmer? Yes _____ No _____

Please provide any other helpful health information: _____

*Medical Insurance Company: _____ Policy #: _____

Contact Person: _____ Phone Number: (_____) _____

Family Physician: _____ Phone Number: (_____) _____

****Please attach copy of insurance card***

VIDEO AND PHOTOGRAPHY RELEASE

By signing this release form, I, give permission for my student to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during Christ Church events and activities through video, photo and digital camera, to be used solely for the purposes of Christ Church promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to the Christ Church website, e-mail newsletters, Christ Church Instagram and Facebook pages. Pictures are published without last names.