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2009 Montreat Presbyterian Church, EPC Student Ministry

Medical Release and Photo/Video Permission Form

General Information

Name _____ Birthday ___/___/___ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's Business Phone _____ Other _____

In Case of Emergency Notify _____ Phone _____ Other _____

Family Physician Name _____ Phone _____ Other _____

Insurance Company _____ Policy # _____ Group # _____

Health History & Information

Date of Last Tetanus Shot: ___/___/___ Are other immunizations current? Yes No

___ Asthma (Does the student need to keep the inhaler to use as needed?) Yes No

___ Allergies- list: _____

___ Insect Strings/Bites ___ Diabetes ___ Kidney Trouble ___ Heart Trouble _____ Other _____

___ Medications- list: _____

___ Restricted diet- explain: _____



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Permission for Treatment, Photo/Video Notice & Release

I am aware that _____'s participation in all youth activities through September 1, 2009 could involve the risk of injury to my child to participate in church sponsored activities, I hereby agree to let my child participate and to hold Montreat Presbyterian Church, EPC harmless from any and all liability actions, courses of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow instructions of the supervising adult. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or church website. I am signing this of my own free will.

Parent/Guardian Signature _____ Youth Signature _____ Date _____