



2018-2019 Chestnut Mountain Church Student Ministry Medical Release & Photo/Video Permission Form



Every Chestnut Mountain participant MUST complete and sign this form once annually and is valid from August 1, 2018- July 31, 2019

Name _____ Grade ____ School _____ T-Shirt Size ____
Last First

Parent (Legal Guardian) Name _____ Phone(s) _____

Address _____
Street City State Zip

Email Address _____

Medical Insurance Co _____ Policy # _____ Group # _____

Policy Holder's Name _____ Relationship _____

Health History & Information

Immunization Status: (Check all up to date) ____ Tetanus ____ Typhoid ____ Polio

____ **Asthma-** (Does this student need to keep the inhaler to use as needed? ____ Yes ____ No)

____ **Allergies-** please list: _____

____ **Insect Stings/Bites-** ____ Diabetes ____ Kidney Trouble ____ Heart Trouble ____ Other

____ **Medications & Dosage:** _____

****DO WE NEED TO ADMINISTER MEDICATIONS TO THIS STUDENT?** ____ Yes ____ No

____ **Restricted Diet- Explain:** _____

Medical Waiver

To be filled out by the parents or legal guardians of participants under 18 years of age.

I, _____ the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to participate in activities and/or events sponsored by Chestnut Mountain Church Student Ministry during the school year 2018-2019.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Chestnut Mountain Church, its representatives, or any attending physician to make such decisions and to perform medical treatments and/or surgery upon said minor, which in their sole discretion is necessary and proper under the circumstance.

I, the undersigned parent and/or legal guardian of _____, a minor, do release, acquit, discharge, and covenant to hold Chestnut Mountain Church, or its representatives, from any and all legal action, damages, or liabilities arising out of the treatment of any sickness or injury incurred by said minor during an activity/event.

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 the church website.

Parent/ Guardian _____ Date ____/____/____. Revised 7/30/18

Signature