

**2019-2020 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, 2019 - July 31, 2020*

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First

School \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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 person 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 PERSON? \_\_\_\_ 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 2019-2020.

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 \_\_\_\_\_

*Signature*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Revised 7/31/2019*