



**Medical/Emergency Information & Photo Release
for June 24-27, 2019**

Please submit: One Form Per Child - One Child Per Form

Child's Name: _____ Home Phone: _____

Gender: M F Birth Date: _____

Child's Home Address: _____

Mom's Name: _____ Mom's Cell Phone: _____

Dad's Name: _____ Dad's Cell Phone: _____

Medical & Emergency Information

Allergies: _____

List of medications taken on a continuing basis: _____

Does your child have a health condition requiring possible emergency care? Yes No

If so, explain: _____

Special needs or concerns: _____

In case you cannot be reached during an emergency, please provide an alternate contact.

Name: _____ Phone: _____

Child's Physician or Source of Health Care: _____

Name: _____ Phone: _____

I hereby consent to Faith Community Church to obtain necessary medical information and provide emergency medical care in the event that either parent or guardian cannot be reached.

Signature of Parent or Guardian: _____ Date: _____

Photo Release

I understand and hereby grant Faith Community Church, its staff and leaders permission, that while my child(ren) is participating in approved activities, photographs and videotape of my child(ren) may be taken for use in promoting activities within Faith Community Church. I further release Faith Community Church and its staff and leadership from all claims that I may have against them as a result of my child(ren) picture being used in promoting Faith Community Church. I understand that last names and confidential information will not be used for publicity purposes.

Signature of Parent or Guardian: _____ Date: _____