

Medical & Media Release Form 2024



* = Required Information
(Room for additional children below)

Child's Name*:

Dad/Guardian
Name*:

Mom/Guardian Name*:

Child's Date of Birth*: _____ Age*: _____ Grade*: _____
Gender*: M F

Email Address*: _____ Cell
Phone*: _____

Street Address*:

City*: _____ State*: _____
Zip*: _____

Allergies or other Special Needs?*

2nd Child

Child's Name*:

Child's Date of Birth*: _____ Age*: _____ Grade*: _____
Gender*: M F

Allergies or other Special Needs?*

3rd Child

Child's Name*:

Child's Date of Birth*: _____ Age*: _____ Grade*: _____
Gender*: M F

Allergies or other Special Needs?*

OTHER EMERGENCY CONTACT:

In the case of an emergency and if the parents or guardians listed above cannot be reached in a reasonable period of time, the individuals listed below may be contacted, given notification of the emergency, and be authorized to provide instructions for actions to be taken.

Contact's Name*:

Home Phone*: _____ **Cell Phone*:**

_____ _____

Relationship to Child*: **Relative** **Friend**

RELEASE OF LIABILITY:

I acknowledge and understand there are inherent risks associated with many **(City Church Greenfield)** activities. I will assume the risks associated therewith, whether known or unknown to me at this time. I recognize that my child's attendance at a **(City Church Greenfield)** sponsored event is a privilege and as a consideration for this privilege, I release **(City Church Greenfield)**, including its employees, agents and trustees, from responsibility for my child's accidental physical injury, including death or illness while at a sponsored trip or activity or during travel to and from events. This release is intended to include all claims made by my family, estate, heirs, personal representatives or assigns.

Parent Initials

MEDIA CONSENT:

I hereby grant permission to **(City Church Greenfield)** the right to take, use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of **(City Church Greenfield)**.

Parent Initials

PARENT COVENANT:

I grant authority to the **(City Church Greenfield)** leadership for the non-physical discipline of the above named children, including removing the children from programs, activities and trips, if necessary. In the event a serious behavioral incident does occur with a child named above on any trip or activity, the leadership team will assess the situation, make a decision, call the parent and give options to what action will then take place including removing child at the parent's expense. Examples may include, but are not limited to, fighting, vandalism, violent behavior, and disobedient behavior.

Parent Initials

FIRST AID AND EMERGENCY MEDICAL TREATMENT:

I recognize that there may be occasions where the child(ren) named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **(City Church Greenfield)** to seek and secure any needed medical attention or treatment for the child(ren) named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this medical treatment. I also give permission for attending physician(s) and other medical personnel to administer any needed medical treatment and again, I agree to pay for the medical treatment.

Parent Initials

AUTHORIZATION TO PARTICIPATE:

I represent that I am the parent/ guardian of above named child(ren). I have read the above form and am fully aware of the contents thereof. I give permission for the above named child(ren) to participate in the activities of **(City Church Greenfield)**, including any special events. I consent on behalf of the above named child(ren) to the Emergency Treatment Authorization and other agreements as indicated above. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

Signature of Parent: _____ **Date:**

Please list any other information that **(City Church Greenfield) should know about the children named above:**

