



**Fellowship Church
Children's Ministry
Medical, Liability & Media Release**

Student Name _____ Gender _____

Birth date _____ Age _____ Grade _____

Parent/guardian (s) Name(s) _____

Phone #s Home/Work /Cell: _____

Address _____

City/ State _____ Zip _____

Emergency Contact

Name _____ Relationship to student _____

(A person other than parents)

Phone #s Home/Work /Cell _____

Medical Information

Date of last tetanus booster shot _____ Diabetic? _____

Allergies: Penicillin ___ Bee Sting ___ Poison Oak ___ Other (specify) _____

Give details or additional information about any medical needs _____

Medication presently being used _____

Limitations or restrictions on activities _____

Health Insurance Company _____ Policy Identification # _____

Medical & Liability Release

I understand that in the event that medical treatment is needed, every attempt will be made to contact me and the alternate contacts listed on this form. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event that medical treatment is needed.

I understand all reasonable safety precautions will be taken at all times by Fellowship Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Fellowship Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES

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Fellowship Church Children's Ministry Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Fellowship Church to use the image of my child, _____ as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Fellowship Church web site.

Grant permission to use my child's image in the following ways (mark all that apply):

- Limited usage:** I want my child's image used within the Fellowship Church setting only (not in the larger community)
- Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Fellowship Church or in the larger community.
- Limited usage:** I want my child's image used on printed materials only (no digital or video use).
- Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Fellowship Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.
- Deny permission to use my child's image at all.

Parent/guardian signature _____ Date _____

PLEASE COMPLETE BOTH SIDES

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