

2024 MEDICAL and PHOTOGRAPHY RELEASE FORM

For Vineyard Church of Piper

To be on file in Vineyard Church Family Ministry Office Jan 2024– Dec 2024

Please use black or blue ink when filling out this form

Child's Last Name: _____ **Child's First Name:** _____
Age: _____ Date of Birth: ____/____/____ Grade in School: _____ School: _____
Address: _____ Home Phone: (____) _____
City: _____ Zip Code: _____ Cell Phone: (____) _____
Email: _____ Date of last Tetanus Shot: ____/____/____

Allergies, medications, special needs, activity restrictions, etc: YES NO (please circle)

IF YES PLEASE LIST: _____

PARENT/GUARDIAN: _____ Cell Phone: (____) _____
Work Phone: (____) _____ Email: _____

PARENT/GUARDIAN: _____ Cell Phone: (____) _____
Work Phone: (____) _____ Email: _____

EMERGENCY CONTACT: _____ Cell Phone: (____) _____

The undersigned does hereby give permission for our/my child, _____, to attend and participate in activities both on and off campus sponsored by Vineyard Church Of Piper during the calendar year listed at the top of this form.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Vineyard Church Of Piper.

Medical Insurance: No Yes: **Name of Insurance Co:** _____

Participant (Name of person carrying insurance): _____

Policy Number: _____ Insurance Co Phone : _____

- I give permission for photographs of my child taken at events which may be used for publicity by authorization of designated members of Vineyard Church Of Piper. **(Yes) (No)**

Parent/Guardian Signature: _____ **Date:** _____