

ST. ELMO YOUTH PARTICIPATION, MEDICAL, AND PHOTOGRAPHY RELEASE

St Elmo Presbyterian Church, Chattanooga, TN 37409, (423) 821-1424

Student's Name _____ **Birthdate** _____ **Grade** _____

Parent/Legal Guardian Information (or participant, if over 18 years old):

Parent/Legal Guardian Name(s): _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact (other than Parent/Guardian) Name: _____

Relationship to student: _____ Cell Phone: _____ Other Phone: _____

Medical Information:

Health Insurance Company: _____ Policy Number: _____

Insured's Name: _____

Name of Student's Physician: _____ Phone No. _____

Any known allergies, dietary restrictions, special needs, medical or other concerns of which we should be aware:

Required medications with dosage and instructions (write on back if need more space):

Over-the-Counter Medications: Please check ONE of the boxes below.

- I give permission for my student to be given over-the-counter medications as needed and directed on the label to treat non-emergency medical conditions such as headache, stomach ache (i.e. Tylenol, Ibuprofen, Antacids, Benadryl, Neosporin) while on youth ministry trips/events.
- I do not give permission for my student to be given any over-the-counter medication without first obtaining verbal consent from the legal parent/guardian or emergency contact listed above.

Medical/Liability Release:

In case of Medical Emergency. I understand that, in the event that medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff of St. Elmo Presbyterian Church to secure the services of a licensed medical professional to provide the necessary care, including hospitalization, anesthesia, injection, or surgery for my student's well-being. I hereby agree to indemnify and hold harmless St. Elmo Presbyterian Church and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Photography Release:

I hereby authorize St. Elmo Presbyterian Church to publish photographs taken of my child to use in St. Elmo Presbyterian Church' print, online and video-based marketing materials as well as other church publications. I hereby release and hold harmless St. Elmo Presbyterian Church from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in church marketing materials or other St. Elmo Presbyterian Church publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release St. Elmo Presbyterian Church, its contractors, its employees, and any third parties involved in the creation or publication of marketing material, from liability for any claims by me or any third party in connection with my participation.

_____ **Date:** _____

Parent/Legal Guardian Signature (or self, if over 18 years old)