

20____ Spirit Week Medical & Photo Release Form
Central Manor Church 387 Penn Street Washington Boro, PA 17582 Phone: (717) 872-2772

Photo Release

I understand that my child may be photographed during Spirit Week. These photos may be used by Central Manor Church for purposes including but not limited to print, media, advertisement, and promotions.

My child/children may be photographed for the church media use _____yes _____no

Medical Release

I hereby give the below named child/children permission to attend and participate in the ministry activities supervised by **Central Manor Church, 387 Penn Street, Washington Boro, PA 17582.**

In the event the below named minor becomes ill or injured, or in the case of medical emergency, and I cannot be reached, I hereby give permission for my child to be treated by qualified medical personnel, (doctor, hospital, ambulance, etc.) selected by the group leader in charge to hospitalize, and/or secure proper treatment for my child/children, as named on this form. I certify that my child/children is in good physical condition and is able to participate in the programs other than any activities listed as restricted below.

I hereby waive all claims against **Central Manor Church, Washington Boro, PA**, it's employees and agents, in case of accident or injury, that may arise as a result of participation in activities, including Spirit Week, Sunday School events, Vacation Bible School events, Awana, or sponsored events either in whole or in part by the church. I further agree to hold **Central Manor Church** and its agents harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses, including fines, penalties, and attorney's fees due to any injury to my child incurred in connection with the operation of the activities or transportation thereto. I also assume responsibility for any damages to the facilities caused by my child.

Signature of Parent/Legal Guardian _____ Date _____

Name of Insurance Company _____ Policy Number _____

Group Number _____ Does your primary care physician need to be contacted before your child receives emergency treatment? ____yes _____no (sometimes for an HMO)

Name of primary care physician _____ Phone number _____

In case of emergency, to which hospital should your child be taken? _____

1. Child's name _____ Date of birth _____

Please list any medications being taken, medical or food allergies, medical conditions, or other pertinent information to the child's health.

2. Child's name _____ Date of birth _____

Please list any medications being taken, medical or food allergies, medical conditions, or other pertinent information to the child's health.

3. Child's name _____ Date of birth _____

Please list any medications being taken, medical or food allergies, medical conditions, or other pertinent information to the child's health.
