

# MEDICAL, PHOTO AND VIDEO PERMISSION AND RELEASE FORM

Trinity Presbyterian Church, Satellite Beach, Florida

This form is for use on all church sponsored activities for one year. Today's date is: \_\_\_\_\_

Please attach a photocopy of your insurance card.

Participant's Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell Phone or Pager# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Is this child covered by any medical or hospitalization insurance?** \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Immunizations (Give Dates): \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps

## PAST MEDICAL HISTORY

(Check, giving appropriate information)

\_\_\_\_ Asthma \_\_\_\_ Sinusitis \_\_\_\_ Bronchitis \_\_\_\_ Kidney Troubles \_\_\_\_ Heart Trouble \_\_\_\_ Diabetes \_\_\_\_ Dizziness

### Allergies

Food: \_\_\_\_\_ Penicillin or other drug (name) \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_ Poison sumac, oak, or ivy: \_\_\_\_\_

Other: \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any medications you are taking (list): \_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other

**BE SURE TO SIGN THE SECOND PAGE AND HAVE THE FORM NOTARIZED**

# THINGS WE HAVE AN UNDERSTANDING ABOUT

## Guidelines of Conduct

**For your information we expect each student to conform to these Guidelines of Conduct:**

- Possession or use of alcohol, drugs or tobacco, weapons, fireworks, explosives and lighters is prohibited
- Students may not drive without prior approval
- Students are not allowed to go anywhere alone and **MUST BE IN GROUPS OF THREE** at all times.
- Offensive or immodest clothing is prohibited.
- Bathing suits: a dark t-shirt **MUST BE WORN BY ALL GUYS AND GIRLS.**
- Boys may not enter the girls sleeping quarters and girls may not enter the boys sleeping quarters
- Participation in the group and event schedule is expected
- Respect property—however, if damage occurs, participant is liable for repair or replacement
- Respect staff, adult leaders and one another

**We take the above guidelines seriously and will send you home if you do not comply with these SIMPLE expectations FOR THE SAFETY AND WELLBEING of ALL. Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the guidelines of conduct. I agree to abide by the guidelines of conduct

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (we) the parent(s), have read the guidelines of conduct. I (we) realize that if our student(s) do not comply with the Guidelines of Conduct that they may be sent home at my(our) expense.

Parent(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE AND INDEMNITY

My permission is granted for the Trinity Presbyterian Church leaders, or TPC staff or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my student.

Also, I understand that as a participant, I or my student) may be photographed or videotaped during normal TPC activities and these photos/videos may be used in promotional materials or on our Web Page. I, the signed, do hereby verify that the information on the reverse page is correct.

**Please complete and sign below (students under 18 years of age require parent/custodial signature)**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodial Signature: \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

### Notary Public

State of Florida: County of Brevard

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who personally appeared before me and acknowledged that he/she

signed the instrument voluntarily for the purpose expressed in it. My commission expires \_\_\_\_\_.

Signed: \_\_\_\_\_

Personally Known

Produced Identification

Type of Identification: \_\_\_\_\_