

ROCK CHURCH
MEDICAL RELEASE FORM and PICTURE RELEASE FORM
VALID August 19, 2024 to August 19, 2025

Youth's Name: _____ Birth Date: _____ Grade: _____

Address: _____ Phone Number: _____

Medical Information:

Are there any special medical needs or allergies? (Specify) _____

Are there any required medications or special foods? (Specify) _____

I, _____, have read this form and confirmed the information entered. I give permission for my child to participate in Rock Day Camp activities under direction of the Crew Leaders over the age of 18, both within and outside of Church grounds. I understand that my child is expected to behave in a manner of kindness and consideration of others. Should there be behavioral issues that are not corrected (i.e. verbal or physical) that I may be expected to pick up my child. I also give permission for the Crew Leaders over the age of 18 to authorize medical treatment for my child in case of emergency, by and under the recommendation of qualified medical personnel. I understand that by signing this release that photos may be used within the church, social media and/or newspaper for the purpose of publicity, understanding that if names are used only my child's first name will be used.

(signature of parent or guardian)

(date)