**ROCK CHURCH MINISTRIES**

**YOUTH MEDICAL RELEASE FORM and PICTURE RELEASE FORM**

**VALID August 12, 2019 to August 20, 2020**

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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read this form and confirmed the information entered. I accept the terms and conditions as stated in the *Youth Behavioral Covenant.* I give permission for my child to participate in youth activities under direction of the Youth Leaders over the age of 18, both within and outside of Church grounds. I also give permission for the Youth 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 on my child(ren) first name will be used.

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 (signature of parent or guardian) (date)