



MEDICAL CONSENT & PARENTAL RELEASE FORM

I (we), the undersigned parent(s) or guardian(s) of _____ do hereby authorize employees and/or adult volunteers of **Lake Magdalene Church** as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further waive and release from any and all claims, **Lake Magdalene Church**, and its employees and volunteers, for injury, accident or illness which may directly or indirectly result from participation in events with **Lake Magdalene Church**.

Parent/Legal Guardian Name: _____ Date signed: _____

By entering my first and last name above, and submitting this form via email, I hereby provide my digital signature and consent to this release.

Address: _____

Emergency Phone: Home _____ Work _____

Health Insurance Company _____

Policy or Group Number _____ Phone _____

If parent/legal guardian is not available in an emergency, contact:

Name: _____ Phone _____

Please list any allergies. Include medications, foods, etc.

If your child has any medical or special needs, including medications currently being used please explain.

Doctors' Name _____ Phone _____

Dentists' Name _____ Phone _____

Date of last tetanus shot _____ Birth Date _____

PERMISSION TO PHOTOGRAPH

By signing below, I do hereby authorize and give full consent to **Lake Magdalene Church** to publish and copyright all photographs and videos in which my child appears.

I further agree that **Lake Magdalene Church** may transfer or use these photographs or videos in brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMS, and like publications, literature, or materials without limitations or reservations.

Printed Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____