**ROCK CHURCH MINISTRIES**

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

**VALID August 13, 2018 to August 12, 2019**

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 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 Staff, both within and outside of Church grounds. I also give permission for the Youth Staff to authorize medical treatment for my child in case of emergency, by and under the recommendation of qualified medical personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature of parent or guardian) (date)

I give Rock Church Ministries (Rock Plaistow, St. Matthew’s & Rock Amesbury) permission to post pictures of me/my child taken at youth events on bulletin boards within the church.

(Please initial) \_\_\_\_Yes \_\_\_\_No

I give Rock Church Ministries (Rock Plaistow, St. Matthew’s & Rock Amesbury) permission to post pictures of me/my child taken at youth events (on or off of Church campus), social media, and/or to send pictures to the newspaper for the purpose of publicity, understanding that if names are used only my child/rens first name will be used.

(Please initial) \_\_\_\_Yes \_\_\_\_No