

Riverpark Bible Church Medical Release Form

Students Name: _____ (M/ F) Birth Date: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Work Phone: _____ E-Mail _____

Cell Phone: _____ Cell Phone: _____

Name of person to reach (other than parents) in case of an emergency: _____ Phone: _____

This child has a known health condition: Yes ____ No ____ School Attending _____

If yes above, list details of health condition (including allergies to specific medications): _____

Name of Medical Insurance: _____ Policy Number: _____

Preferred Family Physician: _____ Phone: _____

Preferred Family Dentist: _____ Phone: _____

Preferred Hospital: 1. _____ 2. _____

CONSENT FOR MEDICAL TREATMENT (Minor):

As the parent or legal guardian of the above-named child, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. This authorization will stand until revoked by me in writing.

Also, I give my consent for _____ to participate in off-Campus church sponsored activities.
(child's name)

Signature of Parent/Guardian: _____ Date: _____

Riverpark Bible Church Permission Release

I hereby authorize Riverpark Bible Church, including any agents, employees or representatives acting on behalf of Riverpark Bible Church, to utilize any statements, recordings, photographs and/or videos that have been taken of me, in whole or in part, in order to disseminate information on the church to the general public.

I irrevocably authorize Riverpark Bible Church and its agents, employees or representatives to copy, exhibit, publish or distribute any and all statements/recordings/photographs/videos of me or in which I appear or am mentioned, including composite or artistic representations, and to use said statements/recordings/photographs/videos in any and all forms and media for purposes of publicizing Riverpark Bible Church, or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, in which my recordings/photographs/video appears.

I hereby hold harmless and release and forever discharge Riverpark Bible Church and all its agents, employees, or representatives, and their successors, from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other people acting on my behalf of myself or my estate have or may have by reason of this authorization.

Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

OFFICIAL USE ONLY

Project: _____ **Purpose:** _____

Photographer: _____