



Medical Release/Parental Consent/Photo Release Form

(One per person/per event)

Name of Child _____

Activity Restrictions _____

List allergies and medications: _____

NOTE: Emergency medication must be provided by the family for the child.

What type of allergic reaction does the child have? _____

Is medication required for an allergic reaction? No Yes

Medication name _____

Is the child currently taking medication? No Yes If yes, please complete:

Name/Type of Medication _____

Reason for Medication _____

Dosage Instructions _____

NOTE: All children who have a prescribed EPI Pen or inhaler are responsible for bringing and keeping them while at Hillcrest Church of the Nazarene.

Emergency Contact Person:

Name _____ Relationship _____

Telephone Number (home) _____ (cell) _____

Parental Consent

I, _____, the legal guardian of _____
(child's name)

grant permission for my child to participate in ReFuel Student Ministries sponsored by **Hillcrest Church of the Nazarene**. I authorize the leadership of **Hillcrest Church of the Nazarene** to care for the administration of first-aid treatment for any minor injuries my child receives during the event. If the injury sustained is life threatening, or requires emergency treatment, I authorize the leadership of **Hillcrest Church of the Nazarene** to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, and volunteer workers of **Hillcrest Church of the Nazarene** from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature _____ Date _____

Minor Photo Release Form

I give Hillcrest Church of the Nazarene permission to publish in print, electronic, or video format the likeness or image of my child/children. I release all claims against Hillcrest Church of the Nazarene with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Minor's Name(s) _____

Parent's Name (Please print) _____

Parent's Signature _____

Date _____