

EMERGENCY MEDICAL RELEASE & MEDIA RELEASE FORM
For Fun With Faith, Sunday School, Vacation Bible School, Confirmation, High School
 Mount Cross Lutheran Church 102 Camino Esplendido Camarillo CA 93010-1717

We, the undersigned parents (s)/guardian(s) of

(Name of child) _____ (Date of Birth) ____/____/____
 Grade: _____ Please circle child's activities: Fun With Faith Sunday School Confirmation High School Vacation Bible School

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Information related to the care of this child can be obtained from:

(Name of physician) _____ (Address) _____
 (Phone Number) _____

Medical Insurance information:

(Name of Company) _____
 (Member Number) _____ (Group Number) _____

Special information or instructions relating to medical conditions, allergies, medications, etc.: (Name of child/medical concerns)-

I hereby give permission to authorized representatives of Mount Cross Lutheran Church to authorize necessary emergency medical consultation, examination and treatment of the above named child, including the prescription of needed medications, in the event of accident, illness or other trauma at any medical facility.

I hereby grant permission for Mount Cross Lutheran Church to record pictures or videos of my child while on the church property or at a church-sponsored event. I also give permission for Mount Cross Lutheran Church to use these images or videos in church print and online publications.

This authorization is to be in effect until one year from signature.

The information stated above is correct. _____
 Signed by parent(s) or guardians(s)

Date

Date

Date

Print Parent/Guardian name: _____ Print Parent/Guardian name _____

((Cell phone) _____ (Cell phone) _____

(Work phone) _____ (Work phone) _____

Telephone Number (home): _____ Telephone Number (home): _____

E-mail address : _____ E-mail address : _____

Address: _____ Zip: _____

In case we cannot be reached at above numbers, please call:

(Name) _____ (Relationship) _____

(Phone) _____ (Cell phone) _____