

Youth 2019-2020
MEDICAL INFORMATION/EMERGENCY
AUTHORIZATION/PHOTO RELEASE FORM

Phinney Ridge Lutheran Church - 7500 Greenwood Ave. N - Seattle, WA 98103 206.783.2350

Student's Name (First, Last): _____

Date of Birth _____ Age _____ Current Grade _____

Parent(s)/Guardian(s) _____

Address _____ City/State/Zip _____

Best Phone _____ Parent Cell Phone _____ Student Cell Phone _____

Family Email _____ Student Email _____

Family Doctor _____ Phone _____ Hospital _____

State any medical issues including food allergies, emotional or learning issues, or special needs of your child:

If your student will be bringing any medications during overnight events (prescribed or otherwise), please list below the type of medication, the dosage, and when it should be taken. If additional space is needed, please continue on another sheet or on the back of this page.

Medication: _____ Dose: _____ Time: _____

Emergency Contact Information

I give permission to any adult leader supervising my youth to secure any medical care they deem necessary while I, or my child, participate in any program sponsored by Phinney Ridge Lutheran Church. In a situation where medical care is required these steps may include, but are not limited to an attempt to contact a parent or guardian, administering basic first aid for minor incidences, seeking a professional medical examination and/or treatment, etc. Any expenses incurred for medical treatment will be the responsibility of the participant's medical /dental coverage or family.

Parent/Guardian Signature

Date

Emergency Contact, if parents cannot be reached _____

Relationship to child: _____ Emergency Contact Phone Number _____

Photo/Video Opportunities

I (We) grant to Phinney Ridge Lutheran Church the right to take photographs in connection with children/youth education classes, summer programs, and any other Church sponsored event. I (We) authorize Phinney Ridge Lutheran Church its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I (We) agree that Phinney Ridge Lutheran Church may use such photographs for any lawful purpose, as indicated below.

Internal print publications and slides External (public) print media Web content Social Media Video

I (We) have read and understand the above statement: Yes No

Parent/Guardian Signature

Parent/Guardian Signature

I have read the information on this form and filled in the requested information to the best of my knowledge. I understand that it is my responsibility to inform Phinney Ridge if this information changes in the future. I hereby release Phinney Ridge from any liability as a result of my or my child's participation in programs sponsored by Phinney Ridge Lutheran Church.

Parent/Guardian Signature

Date