

Medical/ Photo and Video Permission and Release Form

Church/Group Name _____ Leader/sponsor's Name _____

Participant's Name _____ Social Security # _____-_____-____

Address _____ City _____ St _____ Zip _____

Date of Birth ___/___/____ Age _____ School Grade _____

Parent/Guardian _____ Social Security # _____-_____-____

Home phone (____) _____-____ Work (____) _____-____ Cell/pager (____) _____-____

Family Physician _____ Phone (____) _____-____

Insurance Co. _____ Policy # _____

Billing Address _____ City _____ St _____ Zip _____

Past Medical History

[Check giving appropriate information]

Immunizations: ___Tetanus [date _____] ___Polio Booster ___Measles ___Mumps ___Asthma ___Sinusitis ___Bronchitis ___Kidney
Trouble ___Heart Trouble ___Diabetes ___Dizziness ___Stomach Upset ___Hay Fever

Explain _____

Allergies: Penicillin or other drugs (name) _____

Food _____ Insect Stings/Bites _____

Poison sumac oak ivy _____ Other _____

Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough ___other (_____)

Previous operations or serious illnesses (describe and give dates) _____

List all current medications participant is taking _____

Special Diet (name or describe) _____

I, the undersigned, grant my permission for the above named person to participate in activities with Ocoee Outreach Ministries. Also, I understand that as a participant, my child may be photographed or videotaped during normal Ocoee Ministries activities and those photos/videos may be used in promotional material.

I, the undersigned, accept financial responsibility for the well being of the above named person and hereby authorize the church/group sponsor, Ocoee Outreach staffers in charge to obtain medical attention in case of sickness or injury to my child. I also authorize the attending physician to provide any needed medical treatment.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Ocoee Outreach, along with the CrossNet Baptist Network from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury or death or loss of property while participating in Ocoee Outreach. Also, I understand that a copy of this form is as valid as the original.

Parent/Guardian's Signature _____

Dated _____