



STUDENT

2018 Medical Release Form

STUDENT INFORMATION:

Name of Minor: _____
Birthday: _____ Graduation Year: _____ Student's Current Grade: _____
Address: _____ City: _____ State: _____ Zip: _____

PARENTS INFORMATION:

Mother : _____ Phone #'s (H) _____ (Wk) _____ (Cell) _____
Father: _____ Phone #'s (H) _____ (Wk) _____ (Cell) _____
Number to Call in case of Emergency: _____

AUTHORIZATION FOR MEDICAL OR DENTAL CARE TO MINORS

Insurance Information:
Health Insurer Name and Phone No.: _____
Health Insurance Policy No. _____ Group Name: _____
Please List any medications attendee is currently taking and any allergic or other medical issues we should be aware of: _____

I, _____ the undersigned parent/legal guardian/legal custodian of the minor(s) listed above do hereby authorize any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, hospital care, [immunization], blood tests, emergency or otherwise, inpatient or outpatient, to be rendered to said minor(s) under the general or special supervision and upon the advice of a physician, dentist and/or surgeon licensed under the laws of the State of Missouri, upon the consent of Robert Gentry, Kellee Gentry, and other High Hill Christian Church Staff or elders, the temporary custodian(s) of said minor(s), whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Missouri or by any other State. I further authorize the physician, dentist or surgeon to call in any necessary consultants, in his/her discretion.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required.

I encourage those persons having temporary custody of said minor(s), as well as such physicians, dentists and surgeons requested to provide medical care to said minor(s), to exercise his/her best judgment for the health and welfare of said minor(s), as to the requirements of such diagnosis or medical or dental or surgical treatment. Attendee agrees to caution and to obey instruction given by any of the High Hill Christian Church staff, elders, and sponsors.

Continued on back - Signature Required

Participant (and Participant's parent(s) or legal guardian(s) if participant is under age 18) unconditionally releases and absolves High Hill Christian Church, its staff, elders, and any other person connected with events sponsored by High Hill Christian Church from any and all liability in connection with any injury of participant, or damage to property, sustained while attending High Hill Christian Church sponsored events.

This authorization shall remain effective until [January 01, 2019, unless sooner revoked in writing,] and delivered to said person(s) entrusted with the temporary custody of said minor(s), and to said physician, dentist or surgeon providing said treatment.

AUTHORIZATION OF USE OF IMAGE:

I do permit and authorize the High Hill Christian Church ("HHCC") and its employees, agents, and personnel who are acting on behalf of HHCC to use my photograph or other likeness for purposes related to the mission of HHCC, including publicity, marketing, and promotion of HHCC and its various programs without compensation to me. I understand photograph or likeness and voice may be copied and distributed by means of various media, including (without limitation) video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mailouts, billboards or signs, brochures, placement on HHCC websites, social media, other electronic delivery or publications. I acknowledge that FC has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of my image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which HHCC may eventually use the photographs.

I relinquish and give HHCC all rights, title and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representatives.

I understand that, although HHCC will endeavor to use my photograph or likeness in accordance with standards of good judgment, HHCC cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to HHCC supervision or control. Accordingly, I release HHCC from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this content form.

_____ Date _____
Dated: Signature of Parent/Guardian/Custodian

_____ Date _____
Dated: Witness (other than temporary custodian)