

# Medical/Photo and Video Permission and Release Form

Name of Church Montgomery United Methodist Church

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

## Past Medical History

(Check giving appropriate information)

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever

### Allergies:

Food \_\_\_\_\_  
Penicillin or other drug (name) \_\_\_\_\_  
Insect Stings / Bites \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_  
Other: \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications you are taking (list) \_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other

## Permission for Treatment and Photo/Video Notice

My permission is granted for the Montgomery United Methodist Church, student minister, Church official, or any other volunteer in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Montgomery United Methodist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in church actions and activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ appeared and signed before me on \_\_\_\_\_.

Notary Public \_\_\_\_\_