

## Appendix C

### RIDGLEA PRESBYTERIAN CHURCH Medical Release

Name of Participant: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

Age of Youth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications Taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Pertinent Health Information: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Group No.: \_\_\_\_\_

Medical Insurance ID No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **First Aid and Emergency Medical Treatment:**

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of Ridglea Presbyterian Church to seek and secure any needed medical attention or treatment for the child named above, or me if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

*I also agree to notify agents of Ridglea Presbyterian Church if there are any changes in the above information that I have submitted.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D**

**RIDGLEA PRESBYTERIAN CHURCH  
Publicity Release**

Name of Participant: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

On occasion, Ridglea Presbyterian Church takes photographs or makes audio or video recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants, and may be used in the church's publications or advertising materials to let others know about its ministry. Any public use of such recordings must be approved by the church. The church may also invite local news organizations to photograph or record our events for news reporting or special interest features.

*I consent to the use of any such photograph or audio or video recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church deem appropriate.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_