

TCC Student Ministries 2016-2017

Permission, Medical, and Photo/Video Release Form

I here by give permission for _____

(Student Name(s) – Please Print and list all students)

to attend TCC Student Ministries events for the 2016-2017 year. I will not hold Trinitarian Congregational Church of Wayland, MA or the individual leaders liable for such accidents or injuries that might occur during Youth Ministries' events and activities. I understand that in the event of an emergency, every effort will be made to notify me; however, in the event I cannot be reached, I authorize whatever emergency medical procedures might be deemed necessary. Any reservations I might have concerning this release or any special issues/allergies/concerns that should be noted are listed below:

Signature of Parent/Guardian _____ Date _____

Emergency Contact #1 _____ Phone _____
(Area code & Number)

Emergency Contact #2 _____ Phone _____
(Area code & Number)

Student Address _____
(Street) (City) (State) (Zip)

Your Email _____ Your Cell/Home Phone _____

Student Information and Medical Information

Insurance Co. _____ ID # _____
If group policy, name of group (employer) _____ Group # _____

Student's Name: _____ DOB: ___ - ___ - ___ Grade: _____ School: _____ Cell Phone: _____ Email Address: _____ Allergies/Medical Issues/Prescription Medications (with Dosage/Usage Instructions): _____
Student's Name: _____ DOB: ___ - ___ - ___ Grade: _____ School: _____ Cell Phone: _____ Email Address: _____ Allergies/Medical Issues/Prescription Medications (with Dosage/Usage Instructions): _____
Student's Name: _____ DOB: ___ - ___ - ___ Grade: _____ School: _____ Cell Phone: _____ Email Address: _____ Allergies/Medical Issues/Prescription Medications (with Dosage/Usage Instructions): _____

Photography/Video Release

May we use a photo/video of your student(s) for projects, bulletin boards, Tidings, brochures, newsletters, church announcements, etc.? Yes No

May we use a photo/video of your student(s) on Facebook/Instagram? Yes No