



**MEDICAL/PHOTO AND VIDEO PERMISSION AND RELEASE FORM**

Name of Church StoneBridge Church – Findlay, Ohio Date \_\_\_\_\_

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

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

In case of an emergency notify: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

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

Immunizations: \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps

**PAST MEDICAL HISTORY**

Any current medications you are taking (list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE AND INDEMNITY**

My permission is granted to StoneBridge Church of God, Directional Leader of Children’s Ministry, church official, staff member, sponsor, or adult present or in charge of First Aid, 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 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, church officials, staff members and StoneBridge Church of God itself from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the above named activity. I agree to indemnify all sponsors, church officials, staff members and StoneBridge Church of God for any damage or injury caused by my child while participating in the above mentioned activity or while on the property of Stone Bridge Church of God.

**IMPORTANT** – StoneBridge Church of God assumes no financial responsibility for medical expenses resulting from personal accidents or illness. StoneBridge Church does not carry medical reimbursement insurance. I accept financial responsibility for the well being of the above named child and authorize the group sponsor to seek medical help. I also authorize the attending physician to provide any needed emergency medical treatment. I hereby waive any claim for damages for personal injury or loss of property not caused by negligence of StoneBridge Church of God.

Parent/Custodial Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_