



**MEDICAL/PHOTO AND VIDEO RELEASE FORM  
PLEASE BRING TWO COMPLETED  
COPIES OF THIS FORM FOR EACH  
STUDENT ATTENDING**

Name of Church: \_\_\_\_\_

Students Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

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

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

In case of an Emergency notify: \_\_\_\_\_

Emergency Contact Phone number(s): \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PAST MEDICAL HISTORY**

***PLEASE CHECK IF THESE APPLY:***

Asthma  Kidney Problems  Diabetes  Heart Trouble

**Allergies:**

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Insect bites/stings: \_\_\_\_\_

Other: \_\_\_\_\_

Any thing else we should know? (write on back.)

Currently taking any medications? \_\_\_\_\_

**PERMISSION FOR TREATMENT AND PHOTO/VIDEO RELEASE**

My Permission is granted for **Kentucky HeartlandOutreach/ Campbellsville University/24God** staff 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 24God 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 whatever discharge all sponsors and the 24God staff, and the host church/facility and its staff 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 events held by the organizations listed above.

Signed this \_\_\_\_ day of \_\_\_\_\_ State of \_\_\_\_ County: \_\_\_\_\_  
Signature: \_\_\_\_\_

Notary:

County of: \_\_\_\_\_

State of: \_\_\_\_\_

Subscribed, Sworn, and Acknowledged before me by:

\_\_\_\_\_ and  
\_\_\_\_\_

on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

My Commission Expires: \_\_\_\_\_

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