



MEDICAL RELEASE AND PHOTO PERMISSION FORM June 1,2025
(Required prior to participation in any church-related trip or activity)

This form will be held on file for a period of one year from the above date.

MINOR'S FULL NAME

(Last) (First) (MI)

Birth date: ____/____/____

MINOR'S MEDICAL HISTORY

Allergies: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Other Relevant Medical/Social Concerns: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Phone: _____

Policy/Group#: _____

Regular Physicians Name: _____

Primary Insured (parent/guardian): _____

PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship to Minor: _____

E-Mail: _____

Address: _____

Telephone: Cell _____ Work _____

2. Name: _____ Relationship to Minor: _____

E-Mail: _____

Address: _____

Telephone: Cell _____ Work _____

Emergency Contact Person (other than parent/legal guardian)

Name: _____

Telephone: Cell _____ Work _____



PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION

As the custodial parent or legal guardian of the minor named above. I am aware of the involvement and participation of this minor in activities at and excursions with Montview Boulevard Presbyterian Church groups, staff, and adult chaperones. I request and authorize the staff and adult chaperones of MBPC to exercise temporary custody and care of this, my minor child while on church-related events.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of providing such care and treatment for my child, and shall reimburse, indemnify, and hold harmless Montview Boulevard Presbyterian Church, its staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church with an updated MEDICAL RELEASE AND PERMISSION FORM if any changes occur in the information provided above. I understand that this form will remain on file at the church to be used for all events in which my child participates.

I understand that Montview Boulevard Presbyterian Church is committed to providing a safe environment for my child/youth and executes background checks and provides safety training as part of the church Safe Sanctuary Policy for all staff and chaperones. Montview staff and adult chaperones will make every effort to contact parents/guardians in the event that an accident or injury occurs involving my child. I understand that any information that is shared with Montview staff and leaders will be held in confidence with the goal of ensuring my child’s safety and wellbeing while in Montview’s care.

SIGNATURE

Print Name: _____ Date: ____/____/____

Signature of Parent/Legal Guardian: _____

Witness Name (*must be unrelated to youth and parent*): _____

Witness Signature: _____

Waiver/Permission Photo Release/Release of All Claims	
<p>I hereby grant permission to Montview Boulevard Presbyterian Church (MBPC) to use my child’s photograph on their website, multimedia, or in other official organized printed publications. I also acknowledge that MBPC, may choose not to use my child’s photo at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with the photograph.</p>	
<p>_____</p> <p>Parent’s Signature</p>	<p>_____</p> <p>Date</p>

