



**The Vine: Youth Ministry
Medical & Photography release form 9/15-8/16 for Vineyard Church Glendora**

Student's Last Name: _____ Student's First Name: _____ Date: _____

Age: _____ Birth date: _____ Grade: _____ School: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Email: _____ Date of last Tetanus Shot: _____

Allergies, special needs, activity restrictions, etc.: _____

We are: Regular Attenders Visitors **at Vineyard Church Glendora.**

Father: _____ Best Contact #: _____

Email: _____

Mother: _____ Best Contact #: _____

Email: _____

Guardian: _____ Best Contact #: _____

Email: _____

The undersigned does hereby give permission for our/my student, _____, to attend and participate in activities on and off campus sponsored by Vineyard Church Glendora during September 2015- August 2016.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of the said physician or at the said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Vineyard Church Glendora.**

Medical Insurance: No Yes: Name of Insurance Co.: _____

Participant Name (Name of person carrying insurance): _____

Policy #: _____ Insurance Co. Phone #: _____

I give permission for photographs of my child to be taken at events which may be used for publicity by authorization of designated members of Vineyard Church Glendora. Yes No

Parent/Guardian Signature: _____ **Date:** _____