

STUDENT'S NAME: _____
Please print! (LAST) (FIRST) (MIDDLE INITIAL)

MID-OHIO DISTRICT YOUTH EMERGENCY MEDICAL RELEASE FORM

Address: _____ Birth Date: _____
City/Zip Code: _____ Grade: _____ Age: _____

PURPOSE: To enable parents or guardians to authorize the provision of any emergency treatment necessary for children who become ill or injured while under our authority, when parents or guardians cannot be reached. We will make every effort to contact you or other persons whose names you give as contacts before going any further.

PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS *(List 2 contacts minimum)*

CALL ORDER	NAME <i>(First & Last)</i>	RELATIONSHIP	HOME PHONE	CELL PHONE	CAN PICK-UP?

PERMISSION GRANTING MY CONSENT:

In the event that reasonable attempts to contact the above have been unsuccessful, I hereby give my CONSENT for administration of treatment deemed necessary by:

Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Eye Doctor: _____ Phone: _____
Hospital: _____ Phone: _____

In the event that my designated physician, dentist or ophthalmologist is not available, I hereby give my consent for treatment by any licensed physician, dentist or ophthalmologist. YES _____ NO _____

In the event that my designated hospital isn't reasonably accessible, I hereby give my consent for treatment by the nearest local hospital. YES _____ NO _____

It is extremely important that you provide ANY pertinent medical history, allergies (including food), physical impairments, or other information about existing conditions that may affect your child.

Medical Information: _____

Medications: _____

Allergies: _____

Signature of Parent/Guardian: _____ Date: _____

RELEASE OF LIABILITY AND EVENTS PERMISSION SLIP

The undersigned parent(s), legal guardian, or legal custodian of _____
(name of child or children) I/we, authorize the minor to participate in youth ministry activities scheduled to
take place on _____. In exchange for allowance of said minor to
participate in said event, the undersigned fully releases the Mid-Ohio District of the United Methodist Church,
the East Ohio Conference of the United Methodist Church, and the General Conference of the United
Methodist Church, and all employees, staff, volunteers, licensees, affiliates, independent contractors of same,
for any injury, physical or mental to said minor, as a result of the participation in said activities including, but
not limited to, transportation to and from said activity and participation in said activity itself. I do hereby
assume all risks and I agree to release and hold harmless the Mid-Ohio District, its representative's, assistants,
employees, and all related entities from any and all liability, loss or damage actions, claims and demands,
which my student now has or which may arise from their participation in these activities. This shall serve as a
release and assumption of risk for their heirs, executors, and all personal representatives.

Parent/Guardian Signature _____ Date _____

PHOTO/MEDIA RELEASE

I hereby grant permission for you to photograph, videotape, and/or to record my child's voice and sounds and
to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion
picture, video production, broadcast, published products, related advertising (including internet/websites),
displays, or in exhibition uses. I further grant the use of my child's name in connection with my comments and
opinions. I hereby grant and assign to Mid-Ohio District all non-exclusive rights of every type and nature and
the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in
any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television,
electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout
the world. I hereby waive any right that I may have to inspect or approve the finished product and the
advertising or other copy that may be used in connection herein. The parties to this contract expressly agree
that the laws of Ohio shall govern the validity, construction, interpretation, and effect of this contract.

I hereby approve and consent to the use of _____'s
(name of child or children) video image and name, as well as comments and opinions expressed, according to
the terms mentioned above. I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____ Date _____