

Medical Release Form

Contact Person: LCPC Office – 619-443-1021

Name of child: _____ Age: _____

Address: _____
_____, California _____

Phone #: (____) _____ E-mail: _____

Does your child have special needs we should be aware of? _____

Any health problems/allergies/drug reactions? _____

Date of last tetanus shot: _____

Medical Insurance Carrier: _____ Policy Number: _____

I give my permission for the minor named above to attend Vacation Bible School at Lakeside Community Presbyterian Church from July 11 - 15, 2011. In case of a medical emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the minor named. (Every reasonable effort will be made to contact you first.) In case of accident or injury, I will not hold the church or its staff and volunteers liable.

Signature of Parent or Guardian: _____ Date: _____

Photo Release (Image & Likeness)

Name: _____ Age: _____

Address: _____
_____, California _____ Zip _____

Phone #: (____) _____

Photos taken at: LCPC Vacation Bible School

E-mail: _____

Photo Dates: 11 through 15 July, 2011

Photos taken by: LCPC VBS Staff or others

Compensation: \$0.00

Any photo and the likeness and image of person(s) therein becomes the property of Lakeside Community Presbyterian Church LCPC). LCPC has the right to use any photo taken at the above place and date for public relations use, including, but not limited to: public display of the original or copies of a photos at exhibit events, websites, and reproduction of copies on such items as brochures and for advertising LCPC VBS and promoting its mission.

I release my image & likeness in the photos taken at the above place and date to be used by Lakeside Community Presbyterian Church (LCPC) for purposes of promotion, exhibition, and public display in promoting LCPC and its mission. I understand that the photos become the sole property of LCPC. I affirm full rights to the content of the photograph and do so release them to LCPC. I agree to hold LCPC harmless in case of any dispute over the photographs taken at the above place and on the above date. I agree to relinquish all rights to the above-mentioned photos image and likeness to LCPC.

Signature of Parent or Guardian: _____ Date: _____