



# POWER UP

**RAISE YOUR GAME**

**EVENT RELEASE FORM PACKET**



**MEDICAL/EMERGENCY INFORMATION**

YOUTH INFORMATION (Please Print)

Youth Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Home  
Address \_\_\_\_\_ Home  
Phone \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

List all parent/guardian contact phone numbers in best order to be reached: \_\_\_\_\_

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_ Policy

Holder's Name (please print): \_\_\_\_\_

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

<b>Medication Name</b>	<b>Dose</b>	<b>Treatment for</b>	<b>Dispensing instructions</b>
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.  
Parent signature\_\_\_\_\_

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
Parent Signature\_\_\_\_\_

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

**PHOTO RELEASE**

I agree that Grace Community Church may photograph and record my child/dependent's likeness and activities (Images)<sup>1</sup> during church-related activities. I grant the following rights to Grace Community Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Grace Community Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

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**Child/Youth's Name (print)**

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**Parent/Guardian Name (print)**

x

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**Parent/Guardian Signature**

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**Date**

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<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.