

Medical and Photo Release Form

Name _____ Birth Date _____ Grade _____

Phone _____ Address _____

City _____ Zip _____

I/We, the undersigned, parent/guardian of _____, a minor, do hereby authorize Rolling Hills Covenant Church Children's Ministries leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through _____ (last day of activity) unless sooner revoked in writing delivered to said agent(s).

I also, do hereby authorize Rolling Hills Covenant Church to photograph, videotape and use, at their discretion and without compensation, photographs and videos of the above named child in church publicity and promotional materials.

Print Name: _____ **Signed:** _____ **Date** _____

(Father, Mother, Guardian)

Phone where I can be reached during this activity _____

Emergency Contact (other than parents)

Name _____ Phone _____

Address _____ City _____ Zip _____

Other adults(18 years or older) other than parent(s), authorized to pick up your child, from RHCC or field trip location (Camp56). Child's Name: _____

Identification is required at time of pick up.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

List any allergies or medical problems: _____