

**Child Protection Policy    Annual LMPC Elementary Release Form**  
**Lookout Mountain Presbyterian Church**

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

**PHOTO RELEASE FORM**

Do we have permission to use your child's photo on our website and for our publications? (his/her name will not be listed)

yes \_\_\_\_\_ no \_\_\_\_\_

parent/guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

**MEDICAL RELEASE FORM**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? Yes    No    If yes, please list the allergies:

Does your child take medication regularly? Yes    No    If yes, please list:

Does your child have other medical/physical conditions or limitations of which we should be aware: (such as asthma, diabetes, a heart condition, etc.)

Other information you feel might be helpful for us to know concerning your child (learning disabilities, developmental issues, etc.)

My child can receive any of the following without contacting a parent first. \_\_\_\_ YES \_\_\_\_ NO  
Advil, Tylenol, Motrin, Benadryl, Neosporin, Sting Kill

Insurance Company & policy number: \_\_\_\_\_

In case of injury & I am unable to be contacted after a reasonable attempt has been made, the staff representative of Lookout Mountain Presbyterian Church is hereby authorized to act on my behalf should my child need medical attention.

In consideration of the benefits to be derived from these activities, I release, discharge and hold harmless Lookout Mountain Presbyterian Church, their employees or those supervising events from any and all claims arising from my child's participation in these activities, or as a result of injury or illness of my child during an activity. I understand that adequate precaution will be taken for the safety and supervision of my child at all times.

parent/guardian signature: \_\_\_\_\_ date: \_\_\_\_\_