

CHILD PROTECTION POLICY ANNUAL ELEMENTARY RELEASE FORM



LMPC
Elementary
Ministry

Child's 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?

Your child's 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 and 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: _____