



# theFellowship

Mt. Juliet | Two Rivers

Participation & Medical Release Form 2016

Expires Dec. 31, 2016

## Student/Child Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Parental Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Insurance Information

Insurance Co: \_\_\_\_\_ Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured's name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check all that apply and explain conditions below.

- |                                    |                                  |                                     |                                    |
|------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart   | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney    |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Stomach | <input type="checkbox"/> Asthma     | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Dietary | <input type="checkbox"/> None       |                                    |

Explain: \_\_\_\_\_

Other conditions: \_\_\_\_\_

Tetanus Immunization Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Emergency Contact Information

If a parent cannot be reached in the event of an emergency, please notify:

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt phone: \_\_\_\_\_

## Photography Consent

I understand that The Fellowship utilizes photographers / videographers to regularly record / capture audio and visual using devices owned and operated by representatives of The Fellowship. In consideration for allowing my child to participate in all events sponsored by the church, I/we consent to my child's image being used by The Fellowship and it's participating entities and employees for presentations, publications, and promotions in print and/or on the Fellowship website to be used in any lawful manner.

