

PLEASE COMPLETE AND SIGN BOTH PAGES OF THIS FORM

**Second Congregational Church of Boxford, UCC
20__ - 20__ Church Group/Sunday School Registration
Media Release – Medical Release Form**

Youth's Name _____ **Date of Birth** _____

Youth's Email Address _____ **Youth's Cell Phone** _____
(texts may be sent to remind youth of an event)

Age as of September 1 _____ **Grade as of September** _____

Parent or Guardian Name(s) _____

Home Address _____ **Home Phone** _____
Street City Zip

Parent/Guardian 1 Cell Phone _____ **Parent/Guardian 2 Cell Phone** _____

Parent/Guardian 1 Email Address _____ (This address will get emails)

Parent/Guardian 2 Email Address _____
(Please indicate if you would like this address to get emails) **Y** _____ **N** _____

It is customary to send all internet correspondence to the parent(s) or legal guardian of a youth. If you would like your child to also receive updates and invites, please provide his/her email address. Parent(s)/guardian will still receive the email.

MEDIA RELEASE: I give permission for photos/writings of my child to appear in promotional materials and news articles for Second Congregational Church of Boxford, UCC according to my preferences below. I acknowledge that my child's work and/or photo may be posted within the church buildings or included in church mailings unless I provide a written request to the contrary. Second Congregational Church of Boxford, UCC has my permission to use my child's photos/writings for (check all that apply):

- Newspaper articles (circle) with/without name attached
- Church website/Facebook Page (no individual name will appear in picture captions)
- Online articles written for or used by the Massachusetts Conference of the United Church of Christ website (no individual names will appear in the picture caption)
- Signage posted on property other than at the Second Congregational Church of Boxford, UCC (i.e. flyer for a church event posted in a store window)
- My Child is **NOT** permitted to have their photograph taken or displayed in any form.

Parent/Guardian Signature _____ **Date** _____

Second Congregational Church of Boxford, UCC
20__ - 20__ Church Group/Sunday School Registration
Media Release – Consent Form

MEDICAL RELEASE

Youth's Physician _____ Phone _____

Emergency Contact _____ Phone _____

Youth's Insurance Carrier _____ Subscriber's Name _____

Policy Number/ID Number _____ Other Ins. Information _____

Insurance Company Customer Service Phone # _____

Health History (please circle all that apply):

Seizure Disorder	Physical Impairment	Diabetes
Emotional Concerns	Asthma	Vision/Hearing
	Behavioral Concerns	Allergies (see below)

Please give important details of anything you circled _____

Allergies (Please list any dangerous **food** allergies) _____

Other concerns that might affect your child's ability to participate _____

Please let us know if your child takes any prescription or non prescription medications and what they are for.

(In case of medical treatment, the hospital/doctor's office will need to know any medications and dosages.)

Medication _____ Dosage _____ Purpose _____

Medication _____ Dosage _____ Purpose _____

Medication _____ Dosage _____ Purpose _____

Statement of Consent: In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in a church activity, consent/permission is hereby given to all school teachers and all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel) should I be unable to make these decisions on behalf of my child.

I understand that Second Congregational Church of Boxford, Massachusetts, does not carry accident or medical insurance on teachers or volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bill.

Teachers and volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. In recognition of these risks and realities, and in consideration of my being offered the opportunity to participate in and benefit from these church-sponsored events, I agree to release, waive and disclaim any and all liabilities of, or claims against Second Congregational Church of Boxford, its officers, board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge while participating in such church-sponsored activities including, but not limited to, any or all liability or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued, as a result of my child's participating in any church-sponsored activity or event.

This consent will remain in effect for the church school year (September 1 to September 30 of the following year) unless otherwise specified.

Parent/Guardian Signature _____ Date _____