



THIS MEDICAL RELEASE & PERMISSION FORM IS EFFECTIVE FROM JUNE 1, 2022 TO MAY 31, 2023

STUDENT/CHILD

Name, Date of Birth, Address, City, State, ZIP Code, Phone, Email, Country

RESPONSIBLE ADULT(S)

PARENT/GUARDIAN #1, PARENT/GUARDIAN #2, EMERGENCY CONTACT

MEDICAL INFORMATION

Physician, Dentist

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD, FRONT AND BACK, TO THIS FORM, AND ANSWER THE FOLLOWING QUESTIONS:

Does your child have allergies to any of the following? pollens, medications, food, insect bites

Do any of these conditions apply to your child, past or present? asthma, diabetes, epilepsy/seizure disorder, frequently upset stomach, heart trouble, physical handicap

Date of last tetanus shot

Does your child wear either of the following? glasses, contact lenses

Please list any and all medications that your child is currently taking, including the dosage and when the medication is taken:

If necessary, on a separate piece of paper, please feel free to elaborate on the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Please attach that separate document to this form.



Please review these expectations that we have for our family ministry participants.

The following are NOT PERMITTED in any form during Mosaic Church events:

- Possession or use of alcohol, drugs, or tobacco
- Fighting, weapons, fireworks (unless church-sanctioned), lighters, or explosives
- Offensive or immodest clothing
- Boys in girls' sleeping area or girls in boys' sleeping area

The following are REQUIRED during Mosaic Church events:

- Respect church property and the property of others
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents'/guardians' expense.

I, the student, have read the expectations and evaluation of my health above. I agree to abide by the expectations, understanding that failure to do so could result in my being sent home from the event at my parents'/guardians' expense.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Mosaic Church and its staff of any liability against personal losses of named student/child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Mosaic Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Mosaic Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Mosaic Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTOGRAPHY CONSENT

I hereby grant permission to Mosaic Church and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice. I further grant to Mosaic Church and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining Mosaic Church and its activities and for administrative purposes. Photographs, video images and voice recordings are the property of Mosaic Church.

PRINTED First and Last Name \_\_\_\_\_

Signature (if 18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*REMEMBER TO ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) WITH THIS FORM