

# **Lake Life Teen** **Medical Release Form**

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

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Teen Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Family Physician:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Status: *(Confidential)*

Please list any health problems you may have (i.e. asthma, allergies, hay fever, hearing difficulties, back troubles, seizures, etc.)

Please list any medications you are taking: \_\_\_\_\_

Date of your last tetanus shot? \_\_\_\_\_

Personal Medical Insurance Provider: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

In the event of injury or illness, I (we), the parent(s) or legal guardians(s) of this participant, hereby grant our permission for said participant to be taken to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for the release of medical records to an attending physician in case of illness.

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### **Photo Release**

I (We) the parent(s) and/or guardians of my (our) minor child \_\_\_\_\_ (name), (age) \_\_\_\_\_ do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs/videos taken of my (our) son/daughter during the current Life Teen school year by an employee, agent, or representative of the Lake Life Teen Program or by an independent contractor. The photographs/videos will be used for any of the following: church bulletin board display, retreat video, prayer table display, scrap booking, classroom/Life Nights, and/or the Lake Life Teen website. This release and authorization acknowledges that all photographs, negatives, positives, and prints shall constitute the property of the Lake Life Teen Program and may be used by the Lake Life Teen Program without any compensation or further notice to me (us) or to my son/daughter.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date