

# MEDICAL RELEASE FORM

The undersigned parent or legal guardian of \_\_\_\_\_, a minor child, do hereby grant permission for said child to attend the St. Cross Episcopal Church Vacation Bible School from July 8th – July 12th, 2024.

I waive any claim against the church and its approved leaders or sponsors. In case of medical emergency, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2024

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

Cell Phone 1: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Cell Phone 2: \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Company \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Any drug or food allergies \_\_\_\_\_

Special needs \_\_\_\_\_

Other relative or friend to contact in case of emergency: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

## INFORMATION

Name of Child	
Name of Parent / Legal Guardian	
Home Address	
Cell phone 1	Cell phone 2



St. Cross Episcopal Church  
1818 Monterey Boulevard, Hermosa Beach, CA 90254  
310.376.8989 www.stcross.org

# MINOR PHOTO RELEASE FORM

I give St. Cross permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against St. Cross with respect to liability in connection with the use of these photographs and with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

**General Guidelines:** It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, St. Cross will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, email addresses, or phone numbers. If you have questions, please contact St. Cross at 310-376-8989.

MINOR'S NAME \_\_\_\_\_

YOUR NAME (Parent or Guardian, Please print) \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_ **I DO NOT** consent to the use of my child/children's images being used in any form.

MINOR'S NAME \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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