



# Smoky Hill Vineyard

Real Life · Real Community · Real Mission

## Parental Liability Medical | Media Release Form

I, \_\_\_\_\_ (PARENT / GUARDIAN'S NAME) hereby give permission for any and all medical attention to be administered to \_\_\_\_\_ (CHILD'S NAME) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

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

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

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case I cannot be reached, any of the leaders involved with SHV Kids/Students Ministry are designated to act on my behalf.

Physician: \_\_\_\_\_

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

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

Known Allergies: \_\_\_\_\_

Medications to be given: \_\_\_\_\_

If I am unable to pick-up my child the following individuals have permission to pick-up my child.  
*Photo ID is required to verify.*

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

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

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

### **LIABILITY RELEASE & CONSENT FOR MEDICAL TREATMENT (FOR A MINOR)**

*As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also agree that I will not hold Smoky Hill Vineyard church or any paid or volunteer staff liable for any accident, injury, illness, etc. my dependant may incur during time in their care.*

### **MULTI-MEDIA RELEASE FOR MINORS**

*We agree to allow Smoky Hill Vineyard to use any multimedia depicting my child (including pictures, video, and the like) at their discretion!*

(PARENT / GUARDIAN) Signature: \_\_\_\_\_ Date: \_\_\_\_\_