Gospel Tabernacle

Medical Information—Emergency Medical Authorization

Name_____

Date of Birth_____/ _____/ _____ Home (_____) _____ - _____

In case of emergency, please notify_____

Relationship_____ Cell (_____) _____ - _____

Mailing Address_____

Work (_____) _____ - _____

Are there any restrictions as to someone picking up/visiting your child? If so, who? _____

INSURANCE (In case of medical treatment, and/or expense, your personal coverage will be the primary carrier.)

Primary Insurance Company _____

Policy# _____ Kind of Policy? _____ Group _____Individual

HEALTH

Family Physician_____ Phone (_____) _____ - _____

Past Medical History (Please be brief. List any injuries, current medications, etc.)

_____

Any medication allergies? (Please list)_____

Any general allergies? (Please list)_____

Last Tetanus vaccination (date):_____/_____/_____

Other vaccinations (with dates):_____

ALL PRESCRIPTION DRUGS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS WITH MEDICAL ORDERS AND PHYSICIANS NAME INTACT.

AUTHORIZATION RELEASE/DISCIPLINARY CLAUSE FOR PARENT/GUARDIAN OF MINORS:

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered participant at any Gospel Tabernacle Event, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Event to consent to any X-ray, examinations, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of South Carolina, when such medical or surgical treatment is necessary. I am aware that the administration of non-prescription medications (Tylenol, anti-acids, etc.) may be necessary. I willfully consent for my child to receive these if deemed necessary.

AUTHORIZATION RELEASE FOR ADULTS:

While a registered participant at any Gospel Tabernacle Event, I hereby authorize any director, coordinator, counselor, nurse, lifeguard, or other responsible person of said Event to consent to any X-ray, examinations, anesthetics, medical or surgical treatment, and hospital care, to be rendered to myself under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of South Carolina, when such medical or surgical treatment is necessary.

Parent/Guardian or Adult Signature _____ Date _____/ _____/ _____

MODEL RELEASE: Minor Name: _____

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to Gospel Tabernacle Inc../Rock Teen Ministries and its assigns, licensees, and legal representatives the absolute and unqualified right and permission to copyright (in its own name or otherwise), reproduce, publish, distribute and otherwise use or exploit, photographs, motion pictures and other audiovisual works (including works recorded in digital media) of me or in which I may be included whether taken in studio or elsewhere, alone or in conjunction with other persons or characters, in any part of the world, and to make similar uses of any reproductions of my voice. This authorization and consent includes any use of such photographs, motion pictures, audiovisual works or voice reproductions without regard to any distortion, alteration, or retouching whether intentional or otherwise. The use and exploitation hereunder may be in any medium now or thereafter known or developed for illustration, promotion, advertising, trade or any other purpose whatsoever, whether accompanied by printed matter or otherwise.

I hereby waive any opportunity or right which I may have to inspect or approve the finished photographs, films, tapes, or digital data, the use to which they may be put, any copy, photographs, illustrations or other material used in connection therewith or the final product in which they may be used or incorporated.

I hereby waive, release and discharge from any claim, demand, action or suit which I may have or which may be derived through me for libel, defamation, invasion of pri-vacy or any violation of any right to publicity or any other right which I may have arising our of the publication or use of such photographs, motion pictures, audiovisual works and voice reproductions.

I represent that I am the parent or legal guardian of the above-named minor. I hereby consent to the foregoing on his or her behalf. I hereby warrant that I have the full right and authority to execute this Release; that I have read and understand the above Release; that I am executing this Release as my own free act and deed; and that this Release shall be binding upon me, my heirs, legal representatives and assigns.

Printed Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian:_____ Phone: _____

E-mail:_____

Witness:_____