

Family Medical/Photo Release

Children & Student Ministries | 2024-2025

(One form per family)

I give permission for emergency medical care to be initiated for the following children:

I give permission for pictures and/or videos of the following children to be used on the church web page, livestream, or promotions:

(Parent/ Guardian Signature) *(Date)*



*****Please return to Claire Chapman or
Arlene McGonigle*****