

# Family Medical/Photo Release

## Children & Student Ministries

*(One form per family)*

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

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

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\_\_\_\_\_  
*(Parent/ Guardian Signature)*

\_\_\_\_\_  
*(Date)*



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