## **Medical and Image Release**

## **Participant Information**

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Event name:		Event date:	Event date:	
Participant's name:		Email:	Email:	
Grade:		Church:	_ Church:	
Address:		City/state/zip:		
Parent(s) / gr	uardian(s)			
Name 1:		Name 2:	Name 2:	
Preferred phone:		Preferred phone:	Preferred phone:	
Email:		Email:	Email:	
In case of an	emergency, where the above perso	ons cannot be reached, please notify:		
Name:		Relationship:	Relationship:	
City of resid	lence:			
Phone (day):		Phone (night):	Phone (night):	
I/we, the parent(s) or legal guardian(s) of			Medical Authorization	
			<b>Sign Here</b>	
Birthdate of minor:		Date of last tetanus shot:	Date of last tetanus shot:	
Allergies:		Medications:	Medications:	
Special need	ds:			
Physician:		Physician phone:	Physician phone:	
Insurance:		Policy #:	Policy #:	
give the Episcopal Diocese of California and permission to take photographs, videotape, and/or record the voice of, a minor, and to use those images and recordings in Episcopal Church print and online publications only and following diocesan policies regarding social media.			Photo, Audio, and Video Release	
Date:	Signature:	Relationship:		
			<b>Sign Here</b>	

