



1583 Radio Drive, Woodbury, MN 55125 • 651-738-3110 • www.kingofkingswoodbury.org

MEDICAL INFORMATION / EMERGENCY AUTHORIZATION / PHOTO RELEASE FORM

PARTICIPANT INFORMATION

Child's Name (Last) _____ (First) _____ Date _____
 Date of Birth _____ Age _____ Grade in Fall 2019 _____
 Parent(s)/Guardian(s) _____
 Address _____ City/State/Zip _____
 Primary Phone _____ Home Cell Work Name _____
 Secondary Phone _____ Home Cell Work Name _____
 Family Email _____
 Emergency Contact Name (if parent/guardian cannot be reached) _____
 Emergency Contact Primary Phone _____ Home Cell Work

MEDICAL INFORMATION

Family Doctor _____ Phone _____ Hospital _____
 State any medical issues including allergies, food allergies, emotional or learning issues, or special needs of your child:

Every Child is a unique learner and we do our best to meet the individual needs of students. Would you like to schedule a meeting with a staff member and/or a classroom teacher in preparation for our program? Yes No

PHOTO/VIDEO OPPORTUNITIES

I (We) grant to King of Kings Lutheran Church the right to take photographs in connection with children/youth education classes, summer programs, and any other Church sponsored event. I (We) authorize King of Kings Lutheran Church its assignees and transferees to copyright, use, and publish the same in print and/or electronically. I (We) agree that King of Kings Lutheran Church may use such photographs or videos for any lawful purpose, as indicated below.
Please check the purposes you give permission to use: Internal print publications/slides External (public) print media Website
 Social Media Video Web-based photo sharing
 Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN SIGNATURE

I have read the information on this form and completed the requested information to the best of my knowledge. I understand that it is my responsibility to inform King of Kings if this information changes in the future. I give permission to any adult leader supervising my youth to secure any medical care they deem necessary while I, or my child, participate in any program sponsored by King of Kings Lutheran Church. I hereby release King of Kings from any liability as a result of my or my child's participation in programs sponsored by King of Kings Lutheran Church.
 Parent/Guardian Signature _____ Date _____