



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 2021 \_\_\_\_\_  
 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 *within internal print publications/slides*. And, for any lawful purpose, as indicated below.

**Please check the purposes you give permission to use:**

- 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 \_\_\_\_\_