



## SDC Youth Medical and Photo/Video Release Form

(Revised May 20<sup>th</sup>, 2015)

### MEDICAL RELEASE:

In the case of a medical emergency during which the parents cannot be reached, SDC Youth administration will need the following information on file. Students must turn in this completed form before participating in classes at any SDC Youth-sponsored campus. One form per student, please.

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Provider \_\_\_\_\_ Account # \_\_\_\_\_

Physician's Name \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

Is student taking any medication? Yes  No  If yes, please specify \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Restricted Activities / Food \_\_\_\_\_

### Local Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

I (we), the undersigned parent, parents, or legal guardian of the student named above, a minor, do hereby request that our child be permitted to attend any field trips, excursions, or classes given by any aforementioned SDC Youth campus location.

Should the need arise, I do hereby authorize and consent to any X-ray examination, anesthetic, and medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act, Dentist licensed under the provisions of the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. We will not hold liable any SDC Youth-sponsored campus or church, or officers, volunteers, or employees of these churches/campuses, for medical aid rendered and will reimburse the aforementioned churches/campuses for medical or other expenses incurred in the care of our child.

It is understood that the aforementioned churches/campuses do not pay physician fees or medical expenses of students who are injured during, before, or after classes at any of the aforementioned locations.

**PHOTO & VIDEO RELEASE:**

Additionally, I (we) release SDC Youth to use photos/videos taken during class for web and print promotions of the program.

**SIGNATURES OF RELEASE:**

Father's Cell Phone (\_\_\_\_)\_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

Signature\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_)\_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

Signature\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_