



MEDICAL RELEASE FORM

Hyde Park United Methodist Church Tampa, Florida

Name of Child _____ DOB _____

Complete Address _____

Current Grade _____

To: Any military, government, public or private hospital and doctors

I hereby authorize the performance of any necessary emergency medical surgical procedures under local and general anesthesia, which may be advised by the attending physicians of my minor child while a patient of any U.S. hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities which may be regarded a necessary, or beneficial in the performance of said procedure. I give permission for the adult in whose care the minor has been entrusted to speak on my behalf in the event of any emergency. Let this be your authority to treat and admit my minor child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such services rendered to the aforementioned minor child pursuant to this authorization.

Allergies to food or drugs: _____

Chronic Illnesses: _____

Drugs and/or Medicines currently being taken: _____

When are they taken: _____

Minor is permitted to take Tylenol or Advil for headache: Yes _____ No _____

Minor is permitted to take _____ for fever.

Minor is permitted to take _____ for cold and flu symptoms.

Is Minor subject to motion sickness? Yes _____ No _____ if yes, medication permitted to take _____

Family Physician: _____ Phone _____

Hospitalization Carrier: _____ Policy No. _____

Name of Insured: _____ Phone: _____

Social Security #: _____

Parent or Legal Guardian (print or type name) _____

Address, City, State and Zip: _____

Work Phone: _____ Home Phone: _____

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY

This form good for one year from date notarized.

Parent's or Legal Guardian's Signature: _____

State of Florida, County of _____ On this _____ day of _____

(month) _____ (Year) _____ (name of signer) personally appeared before me at

_____ (city) and is personally known to me or has produced

_____ (Type of ID) _____ (ID No) as evidence to be the person

named in this document.

Notary Public _____



GENERAL PHOTO CONSENT AND RELEASE FORM

Participant Name: _____

I authorize and grant Hyde Park United Methodist Church, Inc., its employees, agents, licensees, independent contractors, successors and assigns (collectively "Producer") the right to record my name, likeness, image, voice, and statements (collectively "Appearance") digitally or on film, tape or otherwise for use in promotional materials and any other programming (collectively the "Programming"). I understand and agree that: (a) my Appearance may be edited and otherwise altered at the Producer's sole discretion and used and re-used in whole or in part; (b) my Appearance may be used and re-used for any and all broadcasting, advertising, digital distribution, or exploitation of any type, whether audio or visual, or for any purpose in any manner or media (whether now known or hereafter devised, and including but not limited to Internet broadcast and home media products), including use for advertising or commercial purposes or purposes of trade; (c) these rights are granted to Producer in perpetuity and throughout the world; and (d) I have no rights to the Programming or any other uses or re-uses and no right to compensation or consideration for any uses or re-uses of all or part of the Programming or my Appearance.

If the participant named above is a minor child, I represent and promise that I am the child's parent or legal guardian, and that I have full authority to sign this agreement on my own behalf and on the child's behalf. I agree to all the terms of this agreement on my own behalf and on behalf of the child.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: _____
(of participant or, if participant is a minor, of parent or guardian)

Date: _____

Witness: _____