

**STONEBRIAR COMMUNITY CHURCH  
CHILDREN'S CHOIRS AUTHORIZATION/RELEASE FORM  
Fall 2007 - Spring 2008**

To ensure the safety of your child, children's choirs will be taking some necessary precautions. Because we have a number of children being carpooled, we are providing this form in order for you to let us know who will be picking up your child on a regular basis. Your child will only be allowed to leave with individuals listed on this form so please be as thorough as possible.

**Child's name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Guardian's Names	Home Phone Number	Cell Phone Number

**MEDICAL RELEASE FORM**

Child's full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Child's S.S. #: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Parent/Guardian name: \_\_\_\_\_  
 Father—Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Mother—Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Any special needs: \_\_\_\_\_  
 Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Group name/Insured's name: \_\_\_\_\_

**Medical Treatment Release/Hold-Harmless Agreement**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby acknowledge that the aforementioned minor may incur personal injury or bodily damage while participating in children's choir activities at Stonebriar Community Church. I do hereby authorize any duly authorized employee, volunteer, or other representative of Stonebriar Community Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any licensed physician and surgeon whether such diagnosis or treatment is rendered at the office of said physician or at a clinic hospital, or other medical facility.

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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The undersigned further understands and acknowledges that the church would not allow the aforementioned minor to participate in such activities without the undersigned releasing and holding harmless the church. In consideration thereof the undersigned hereby agrees to release, and forever discharge the church, its officers and directors, and its employees, their agents, and parties volunteering on behalf of the church from all actions, causes of actions and claims of damages of any kind growing out of, or relate to any activity of the church in which the aforementioned minor participates. The undersigned further acknowledges that this is a full and complete release for all injuries and damages that the aforementioned minor may sustain as a result of participation in any church activity.

★ **Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We love to "capture the moment" when our Children's Choirs are singing and worshipping the Lord, and so we frequently make videos, photographs, and recordings of the children.

I do consent to the use of my child's voice and/or likeness in church-sponsored communications (including, but not limited to, newsletters, brochures, worship folders, video productions, church website and advertisements) by Stonebriar Community Church.

★ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_