"The Crew" Middle School Ministry at SMCC
Parent Permission-Release Form
~2019-2020~

Shadow Mountain Community Church
2100 Greenfield Dr. El Cajon CA, 92019 (619) 590-1711

Student Information

Name_____ Address_____
Birthdate:_____ Grade: _____ City_____ State_____ Zip_____
Email_____ Student Cell # (____)_____

Authorization of Consent to Treatment of Minor: (I))(We), the undersigned, parent(s) of _____, a minor, do hereby authorize Shadow Mountain Community Church youth ministry leaders 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 physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

If 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 judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s). Each additional trip other then Sunday and Wednesday youth meetings must be initialed by parent/guardian to ensure that the information on this document is still true and correct.

Release of the Shadow Mountain Community Church:

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Shadow Mountain Community Church and its affiliate corporations (CHC, CUSSD, Turning Point) its agents, servants, employees, officers, and directors from any other sums which the Shadow Mountain Community Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to the Shadow Mountain Community Church and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by_____ (child's name).

Video and Photography Release

_____(parent's name) give permission for _____ (child's name) to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during SMCC Crew events and activities through video, photo and digital camera, to be used solely for the purposes of Shadow Mountain promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to SMCC bulletin boards, SMCC website, Email Newsletters, and Crew Facebook page. Pictures are published without last names.

Day Phone (____)_____ Cell (____)_____ Evening (____)_____
Parents/Guardian Email Address_____
Other Emergency Contact_____ Phone (____)_____
Family Doctor_____ Phone (____)_____
Insurance Co._____ If not insured please check here ____
Policy #, or Group # _____
Known Medical Conditions_____
Medication?_____
Allergies?_____
Last Tetanus Immunization?_____ Contact Lenses?_____
Will Allow Blood Transfusions? (Check) YES_____ NO_____
Other_____
Parent (signature)_____ Date_____
Legal Guardian_____ Date_____