



Celebrate Jesus Inc.
Parental Consent/Medical Release/Photo Release
Applicants under 18 years of age are required to complete release form

PLEASE PRINT LEGIBLY – THIS FORM MAY BE USED FOR MEDICAL TREATMENT

This form must be completed, notarized and received by the Celebrate Jesus office at least one month before mission week.

Applicant's Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: _____ Applicant's Social Security Number: ____ / ____ / ____

Father's Name: _____ Social Security Number: ____ / ____ / ____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Social Security Number: ____ / ____ / ____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

*Emergency Contact's Name if parent(s) is/are unavailable: _____

*Emergency Phone Number: _____

*Relation to applicant: _____

*** Required information**

Please attach a copy (front & back) of insurance card to this consent form.

Handicap, limitation or medical condition: _____

Allergies (general or to medication): _____

Taking the following medication (name and dosage): _____

Glasses / Contact Lens: _____

Medical / Health Insurance Co. Name: _____

Policy Name: _____

Policy / Group Number: _____

Member Name: _____ Member Number (if applicable): _____

I have read and understood all sections of this form that apply to my child. I certify that the above named youth is my child or my legal ward and resides with me and has my consent to participate in Celebrate Jesus Inc. sponsored activities. I give permission for him/her to participate in all aspects of Celebrate Jesus Mission, including travel to and from the mission site, special events, and other locations as deemed necessary by Celebrate Jesus leadership.

I hereby release the Celebrate Jesus Inc. leadership, its staff, volunteers, host churches and sponsors from any responsibility and liability for any injury or illness that the above named person may sustain during any function or activity.

In the event of an emergency, I hereby authorize any adult leader, staff, volunteer, or sponsors of Celebrate Jesus Inc. to act as an agent for me; to consent to any x-ray examination; medical, dental, and/or surgical diagnosis; treatment and/or hospital care advised and supervised by a physician, surgeon, and/or dentist (as appropriate) licensed to practice under the laws of the state where the service was rendered, either in any doctor's office or in any hospital. I expect that every reasonable effort will be made to contact me as soon as possible, and that these powers will only be used if these attempts to contact me are unsuccessful.

PHOTO RELEASE: I hereby consent, without further consideration or compensation, to the use (full or in part) of all videotapes, photographs, voice or other recordings made of my child, and/or the use of written extraction in whole or in part from those visual or sound recordings, and/or the likeness in any medium, by Celebrate Jesus Inc. for the purposes of illustration, broadcast, internet web production or any other distribution in any manner. Further, I release the Celebrate Jesus Inc. leadership, its staff, volunteers, host churches and sponsors from any liability which may arise from the use of those materials. This Release will remain in full force and effect until withdrawn in writing by me.

SIGNATURE OF PARENT or LEGAL GUARDIAN: _____ **DATE:** _____

Printed Name: _____

.....

Notarization of SIGNATURE OF PARENT or LEGAL GUARDIAN

Acknowledged before me this _____ day of _____, 20_____

County of: _____

(Signature of Notary Public)

Notary stamp here

___ Personally known OR

___ Produced Identification

Type of Identification Produced _____

P.O. Box 2174, Goldenrod, FL 32733-2174 USA

Tel: 407.893.7305

Fax: 407.893.7307

email: celebrate.jesus@CJMission.org