

Teen Storytellers Project**Medical Release Form For Minor**

Effective until December 31, 2026

Student Name _____ Birthdate: ____/____/____

Address: _____

City: _____ Zip: _____

Student Cell Number: _____

Student Email: _____

Authorization of Consent to Treatment of a Minor

Authorization of Consent to Treatment of Minor:(I)(we), the undersigned, parent(s) of _____ (child's name), a minor, do hereby authorize Ripple Ministries of Snohomish ministry leaders/instructors 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. 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.

Legal Guardian _____

Cell Phone (____) _____ Email Address _____

Other Emergency Contact _____ Phone (____) _____

Known Medical Conditions _____

Medications: _____ Allergies: _____

Other Information: _____

_____ (Parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Ripple Ministries of Snohomish, its agents, servants, employees, officers, and directors from any other sums which Ripple Ministries of Snohomish, 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 Ripple Ministries of Snohomish, its agents, servants, employees, officers, and directors, or action or omission by _____ (child's name).

Parent (signature) _____ Date _____

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of

_____ [Child] grant The Teen Storytellers Project Digital Gym my permission to be photographed and the use the photographs described as for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name Printed: _____

Phone Number: _____

MINOR (CHILD) TRAVEL FORM

I, _____, the parent or legal guardian of

_____ [Child] grant _____ The Teen Storytellers Project my permission to transport my child. I acknowledge transportation can take place in staff or chartered vehicles. Transportation is not limited to but can include transportation from the Digital Gym to and from filming locations and pre-arranged student transportation to and from class.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name Printed: _____

Phone Number: _____