

**Know Jesus 2025**

**Consent form for emergency care and use of photos/videos of minors (under age 18)**

\*It is absolutely required for each youth attending this event to bring a signed medical release form.

Name of participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency, contact:

**Parent(s)/Guardian(s):** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Alternate contact person:** \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Consent for emergency care:**

As my child participates in activities, I know that she / he may be injured or become ill. I understand that in the event medical treatment is required, every effort will be made to contact me or (if I cannot be reached) the alternate contact person. If I cannot be reached, I give my permission to secure the services of licensed medical personnel to provide the care necessary, including anesthesia, for my child's well being.

Please list allergies, medical concerns, and regular medications:

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Consent for using pictures/videos:**

In order to protect the privacy of children and youth, permission must be obtained in writing from the parent or guardian before sharing/posting pictures or videos of minors.

\_\_\_ I give permission for my child's picture, without name, to be used by WDC in print or posted on a website or social media associated with WDC.

\_\_\_ I wish to review each image prior to it being posted.

\_\_\_ I do not wish to review each image prior to it being posted.

\_\_\_ I do **not** give permission for my child's picture to be used by WDC in print or posted on a website or social media associated with WDC.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Feel free to contact Hesston College Director of Dining Services, Rodney Petrocci, regarding any special food concerns **BEFORE FEBRUARY 14** at 620-327-8177.*

**Stuff to bring**

- Signed **MEDICAL RELEASE FORM** - **you must bring this to attend!!**
- Winter clothing for outdoor activities
- Casual clothes for outdoor and gym activity
- Sleeping bag and pillow
- Bible, notebook, pencil.