CCOP Music Ministry – Teen/Youth Choir

Permission to Use Photograph

I grant to *CCOP*, its representatives and employees the right to take photographs of my child in connection with activities of CCOP and the CCOP Music Ministry. I authorize CCOP, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
I agree that *CCOP* may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

_____ I do not want my child's photograph to be used by CCOP for publicity, illustration, advertising or web content.

Child's name _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____Address :_____
Phone_____
Medical Plan:_____Plan No.:_____

Do you authorize an adult leader to authorize medical treatment for your child in an emergency? Yes No

State any reasons why you do not want medical care given to your child in an emergency:

_____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given:

_____

List allergies or reaction to any medication, if any?

_____

Person to contact in case of emergencies during choir activities:

Name:_____ **Tel. #:** _____

Name:_____ **Tel. #:** _____

PARENT/GUARDIAN INFORMATION:

Name: _____

Email address: _____

Phone #: _____

Authorized signature of parent / guardian: _____

Date: _____