



2018 MEDICAL AUTHORIZATION AND RELEASE FORM FOR MINORS

Name: Cell Phone #: Address: City: St: Zip: Home Phone Number: Gender: Age: D.O.B: Emergency Contact Name: Phone #: Emergency Contact Name: Phone #:

Family Doctor: Phone #: Known Allergies: List ALL health conditions/restrictions: List ALL medications to be taken, including dosage and times (please send in original containers): Physical Limitations: Health Insurance Provider: Policy/Group #: Subscriber/ID#:

CONSENT TO MEDICAL TREATMENT OF MINOR AND RELEASE OF LIABILITY CONSENT TO BE PHOTOGRAPHED AND RELEASE FOR USE BY ST ANDREW (ONLINE OR IN PRINTED MATERIALS)

_____ has my/our permission to go on retreats, trips and other offsite events in conjunction with the Student Ministry of St. Andrew UMC. Please seek any medical assistance needed while he/she is with this group. We _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with student ministry from St. Andrew United Methodist Church of Plano, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnity and hold harmless St. Andrew United Methodist Church and its agents and employees from all claims that might result from any injury or death of any minor.

I/We have read and understand the above document. By signing this document, I hereby release St. Andrew United Methodist Church of Plano from any and all liability for personal injury or damage to property.

Print Name: Date: Parent/Guardian Signature: Relationship to Minor:

NOTARY REQUIRED COUNTY OF: Before me, the undersigned authority, on this day personally appeared, _____ known to me to be the person whose name is subscribed above and acknowledged to me that s/he executed the same for the sworn purpose therein expressed. Given under my hand and seal of this office this _____ day of _____, 20___. STATE OF TEXAS My Commission Expires: _____