

CONSENT FOR MEDICAL TREATMENT

In the event of needed medical attention for _____ and in the absence of their parents or legal guardian, I hereby authorize **St. Andrew United Methodist Church** to seek medical attention as needed to said child.

Child's full name

Date of Birth

Mother's Name

Home Phone

Work Phone

Cell Phone

Father's Name

Home Phone

Work Phone

Cell Phone

Every effort will be made to contact parents. Please list relatives or friends if parents/legal guardians cannot be reached:

Name

Relationship

Home Phone

Cell/Work Phone

Name

Relationship

Home Phone

Cell/Work Phone

****ALL** blanks on this form **must** be completed. If drug reaction, allergies, medical condition, and/or medical history are not applicable to your child please write N/A.**

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____

Ph.#: _____

Name of Emergency Medical Care Facility: _____

Address: _____

Ph.#: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Insurance Company _____ Policy No. _____

Allergies _____

Special Medical condition and/or Drugs taken daily _____

Medical History _____

Signature of Parent or Guardian (in presence of Notary)

Date

STATE OF TEXAS

COUNTY OF _____

Before me the undersigned authority on this day personally appeared _____, known to be the person whose name is subscribed to the foregoing instrument, and acknowledges to me that he/she executed the same for the purpose and consideration therein expressed and in the capacity herein stated.

Given under my hand and seal of office this ____ day of _____, 20____.

Notary Public,

County, Texas

My commission expires _____

Photography Waiver: I understand St. Andrew UMC from time to time produces promotional material about its programs. I understand that my child/ren may be included in video tape or photographs taken at the church. I hereby grant to St. Andrew UMC the right to photograph and/or video tape my child/ren and further utilize participant's name, face likeness, voice and appearance as part of the program and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that St. Andrew UMC is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant(s).

Signed _____ Date _____