

Parent Consent/Medical Treatment

Name of YOUth: _____ Gender: _____ Age: _____ Grade: _____

Date of Birth: _____ Email: _____

Phone: _____ Parent Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Wk #: _____ Cell: _____

Mother's Name: _____ Wk #: _____ Cell: _____

Emergency Contact/Phone #'s: _____ // _____

Physician: _____ Physician's Phone: _____

Known Allergies or Medical Conditions: _____

Insurance Company or Group: _____ Phone #: _____

Policy Number: _____ Group Number: _____

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult volunteers/staff of First United Methodist Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Further, by my signature, I understand that:

1. An authorization of any of the adult leaders to obtain the medical attention necessary for my minor youth.
2. I knowingly release, absolve, and indemnify, and hold harmless First United Methodist Church from all claims that might result from an injury or death of any minor. This agreement pertains to all programs and activities, including those where transportation is provided.
3. Should medical attention be needed, I agree to pay whether directly or through my own personal health and accident insurance policy all medical or hospital costs.

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or legal guardian.

Parent Consent: _____ Notary: _____
Date: _____ Date: _____

PHOTO PERMISSION RELEASE

This form gives permission to First United Methodist Church of Lubbock staff to take photos or videos of your youth for the promotion of First United Methodist Church of Lubbock. These photo or videos would be used to demonstrate the activities, events, curriculum and environment that is experienced at the church.

I further give my permission to First United Methodist Church to use the photo or video of my youth in printed and electronic media for the purposes of promoting the church and advertising First United Methodist Church. These photos or videos taken may be used in the church, its publications on its website, for press releases, advertisement or whatever seems reasonable and acceptable to promote our church.

(parent signature and printed name) Date: _____