

# 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 \_\_\_\_\_