

McEachern Memorial United Methodist Church

4075 Macland Road, Powder Springs, GA 30127
770-943-3008

Permission, Medical & Liability Release Form

Student's Name: _____ Birthdate: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

Primary phone: _____

Mother's Name: _____ Cell phone: _____

Employer's Name: _____ Work phone: _____

Father's Name: _____ Cell phone: _____

Employer's Name: _____ Work phone: _____

Emergency Contact Name: _____ Phone: _____

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly authorized employee, volunteer or other representative of the McEachern Memorial UMC, as agent(s) for the undersigned, to transport in any way as deemed necessary, consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

I, the undersigned, on behalf of myself and _____ (student's name), shall indemnify, hold free and harmless, assume liability for and defend the McEachern Memorial UMC, its agents servants, employees, officers and directors from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court costs and all other sums, which the McEachern Memorial UMC, its agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action found therein, arising or alleged to have arisen out of _____ (student's name)'s use of real or personal property belonging to the McEachern Memorial UMC, its agents, servants, employees, officers and directors, or by reason of _____ (student's name)'s participation in any McEachern Memorial UMC activity(ies).

Parent or Legal Guardian Signature _____ Date _____

Media Consent

I grant permission for my child's photograph or image to be published in print (newsletters, brochures, newspapers, etc.), video, or website in conjunction with the promotion of McEachern Memorial UMC. I understand that at no time will my child's partial or full name, or any identifying information, be attached to any material used in production.

Parent or Legal Guardian Signature _____ Date _____

This authorization form shall remain effective from **August 31, 2015** to **August 31, 2016**.

Emergency/Medical Information

Child's full legal name: _____ Nickname: _____

Physician Name: _____ Phone: _____

Physician Address: _____

Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Insurance Company Phone number: _____

Medical Information we should be aware of: _____

Allergies: _____

Will you allow blood transfusions? _____ Last Tetanus Immunization: _____

Any special needs? _____

In case of emergency, I give permission for my child to be transported to the nearest medical facility, with preference given to _____ hospital.

Signed: _____ Date: _____

Notary Information

The following is to be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____

On _____, 20__ before me, _____, Notary Public in and for said county,
(date) (Notary Public)

personally appeared _____, who has satisfactorily identified himself/herself as the signer to
(parent/guardian)
the above-referenced document.

Notary Public Signature _____

seal

My commission expired the _____ day of _____, _____.