

Emergency Medical & Authorization Release

(Please submit one form per student.)

Heath Christ United Methodist Church
1149 Hebron Rd.
Heath, OH 43056



Young people participating in all Youth and Children's Ministries at **Heath Christ UMC** are provided with the supervision and rules required for a safe and enjoyable learning experience. The completion of this form allows us to provide medical care for minors in the event of emergency if parents or guardians cannot be reached. It also releases the church, staff, and volunteers from liability.

EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____ **Birthdate:** _____

Address: _____

City: _____ **State:** _____ **Phone:** (____) _____ **cell:** (____) _____

Allergies	Reaction	Treatment	Life threatening
_____	_____	_____	yes / no
_____	_____	_____	yes / no
_____	_____	_____	yes / no
_____	_____	_____	yes / no

Other medical or emotional concerns

Residential Parent or Guardian

Parent/Guardian's Name _____ Daytime Phone: (____) _____

Parent/Guardian's Name _____ Daytime Phone: (____) _____

Other's Name _____ Daytime Phone: (____) _____

People (other than parents) to notify in case of an emergency:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

CONTINUED ON BACK SIDE

PART I or II MUST BE COMPLETED

PART I – CONSENT

Doctor: _____

Phone: (____) _____

Dentist: _____

Phone: (____) _____

Medical Specialist: _____

Phone: (____) _____

Emergency Room/Local Hospital: _____

Phone: (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for(1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my son/daughter to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning my son/daughter’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted beyond those already stated previously on this form:

→ **Date:** ____/____/____

Signature of Parent/Guardian: _____

OR: Part II – Refusal to Consent

I do NOT give my consent for emergency treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the church staff to take the following actions :

(or) **Date:** ____/____/____

Signature of Parent/Guardian: _____

Release from Liability

In consideration of our child’s participation in the Youth or Children’s Ministries at **Heath Christ United Methodist Church** during the stated year, we _____ (parent/guardian), _____ (parent/guardian) individually and jointly on behalf of our child _____, hereby release, discharge and/or otherwise indemnify **Heath Christ UMC**, its affiliated organizations, its employees, and associated personnel and volunteers, against any claim, including negligence, by and on behalf of ourselves and our child, and any other interested party, as a result of the child’s participation in these activities and/or being transported to or from these activities.

→ **Date:** ____/____/____

Parent/Guardian : _____

Permission to Text Your Child / Media and Photo Release

This form shall also serve as permission to text your child with information about upcoming events... as well as a release for photos taken of the students or volunteers attending youth or children’s ministries at **Heath Christ UMC**. Photos may be used for publication/promotion/purchase.

- I do I do not give permission to text.
- I do I do not give permission for photos to be used for publication.

→ **Date:** ____/____/____

Parent/Guardian : _____