

**2016 Parental Consent/Medical Treatment Form
(Effective Dates: 1/1/16 - 12/31/16)**

Christ United Methodist Church, Children's Ministry

3300 Austin Parkway, Sugar Land, Texas 77479

(281) 980-6888; Fax (281) 980-0003

I, the undersigned parent of legal guardian of _____, a minor, do hereby authorize adult workers with the youth/children of the above named 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 legal 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.

Name of Participant _____ Grade ____ DOB _____

Insurance Company or Group _____

Policy Number _____ Phone _____

Parent(s) or Guardian(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Allergies, Medications and Medical Conditions we should be aware of (please list):

Signature of Parent or Legal Guardian

Date

My signature above confirms that I hereby give witness to the proper completion of this form by the minor's parent or legal guardian and that I grant permission for Christ Church to use photos that may contain images of my child or youth for inclusion in Christ Church's website, brochures, newsletters or any displays around the church.