

Ebenezer UMC Children's Ministry
2533 Stanton Road
Conyers, GA 30094
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Parental Permission/Consent/Medical Treatment Form

I, the undersigned parent or guardian of _____, a minor, do hereby grant permission for participation in any and all trips and activities sponsored by Ebenezer UMC Student Ministries. I hereby release Ebenezer United Methodist Church, its staff and volunteers from responsibility and liability for any injury, illness, or loss of life that my child may sustain during these activities. In the event of an emergency, I authorize adult workers with the youth 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 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.

(Please print the following information)

Student: _____	Parent/Guardian: _____			
Address: _____	Participant Date of Birth: _____			
City: _____	State: _____	Zip: _____	Phone Number: _____	
Swimming:	My child is (check one)	<input type="checkbox"/> non-swimmer	<input type="checkbox"/> fair swimmer	<input type="checkbox"/> good swimmer
List known food/drug/other allergies: _____				

Medication taken regularly: _____				

In Case of Emergency, Please Contact:

Parent/Guardian: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Doctor: _____ Phone: _____
Friend/Relative: _____ Phone: _____
Insurance Company or Group: _____ Policy Number: _____

I hereby agree to and understand all information listed on this form. Unless terminated in writing, this release shall be effective until written revocation is made. I will make the Children Ministry Office aware of any changes in regards to this information.

Signature (Parent/Guardian) _____ Date _____

Notary: Signed before me this _____ day of _____, _____.

Notary Public: _____ My Commission Expires ▼