ST. ANDREW
METHODIST CHURCH

MEDICAL AUTHORIZATION AND IMAGE RELEASE FORM FOR MINORS

CONSENT TO MEDICAL TREATMENT OF MINOR AND RELEASE OF LIABILITY
CONSENT TO BE PHOTOGRAPHED AND RELEASE FOR USE BY ST ANDREW
(ONLINE OR IN PRINTED MATERIALS)

_____ has my/our permission to go on retreats, trips, and other offsite events in conjunction with St. Andrew Methodist Church. Please seek any medical assistance needed while he/she is with this group, including administration of First Aid and over-the-counter medications by St. Andrew staff or volunteers. We _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with St. Andrew Methodist Church of Plano, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnity and hold harmless St. Andrew Methodist Church and its agents and employees form all claims that might result from any injury or death of any minor.

We _____, parent(s) or guardian(s) of _____, a minor, grant St. Andrew Methodist Church permission to use photographs from St. Andrew Methodist events for any legal use, including but not limited to: publicity, illustration, advertising, and web content.

I/We have read and understand the above document. By signing this document, I hereby release St. Andrew Methodist Church of Plano from any and all liability for personal injury or damage to property.

Print Name:_____ Date:_____

Parent/Guardian Signature:_____ Relationship to Minor: _____

NOTARY REQUIRED

COUNTY OF:_____

Before me, the undersigned authority, on this day personally appeared, _____ known to me to be the person whose name is subscribed above and acknowledged to me that s/he executed the same for the sworn purpose therein expressed.

Given under my hand and seal of this office this _____ day of _____, 20___.

STATE OF TEXAS _____

My Commission Expires: _____

ST. ANDREW
METHODIST CHURCH

Participant Name:
Participant Cell Phone:
Address:
City:
State:
Zip Code:
Home Phone Number:
Gender:
Age:
Date of Birth:
Emergency Contact 1 Name:
Contact 1 Phone Number:
Emergency Contact 2 Name:
Contact 2 Phone Number:
Participant's Physician:
Physician's Phone Number:
Health Insurance Provider:
Policy/Group Number:
Subscriber/ID Number:
Known Allergies:

List ALL health conditions or restrictions.

List any physical limitations.

List ALL medications to be taken, including over-the-counter medications, with dosage and timing. All medication must be sent in original containers.

Select one of the following:

- ☐ This camper has received all vaccinations required to attend public school (age-appropriate doses of TDap, Polio, MMR, Hepatitis A, Hepatitis B, Varicella, Meningococcal)
- ☐ This camper has not been vaccinated due to a religious or personal belief or medical necessity.

Please select any over-the-counter medications that you do NOT want your child to receive:

☐ Acetaminophen ☐ Ibuprofen ☐ Benadryl ☐ Cortisone Cream ☐ Narcan