

Consent to Medical Treatment

I, the undersigned, as a parent having legal custody of a minor, give my consent for him/her to attend an event chaperoned by the staff of Mulberry Street United Methodist Church in Macon, Georgia for the dates of _____. In the case that he or she is injured while attending this event and requires the attention of a doctor, I consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event that treatment is called for that a physician or hospital refuse to administer without parental presence, I hereby authorize the Director of Children's and Family Ministries, _____, to give consent for me if I cannot be reached by telephone by one of the numbers listed below or in case of an emergency. In the event that it becomes necessary for the above-mentioned person to give consent for me, I agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

Child's Name _____

Signature/Relationship _____

Phone Number _____

Known Allergies _____

Insurance Carrier _____

Carrier's Address/Phone Number _____

Policy Number _____