

Parent Permission-Release Form DNOW

Student Information

Name _____ Address _____
Birthdate: _____ Grade: _____ City _____ State _____ Zip _____
Email _____ Student Cell # (____) _____

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize GMVUMC student ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

If it is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s). Each additional trip other than Sunday and Wednesday youth meetings must be initialed by parent/guardian to ensure that the information on this document is still true and correct.

Release of the Church

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the GMVUMC its agents, servants, employees, officers, and directors from any other sums which the GMVUMC, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to the GMVUMC and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by _____ (child's name).

Video and Photography Release

_____ (parent's name) give permission for _____ (child's name) to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during GMV STUDENT MINISTRY events and activities through video, photo and digital camera, to be used solely for the purposes of GMVUMC promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to bulletin boards, website, Email Newsletters, and Facebook and Instagram page. Pictures are published without last names.

Day Phone (____) _____ Cell (____) _____ Evening (____) _____

Parents/Guardian Email Address _____

Other Emergency Contact _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Insurance Co. _____ If not insured please check here _____

Policy #, or Group # _____

Known Medical Conditions _____

Medication? _____

Allergies? _____

Last Tetanus Immunization? _____ Contact Lenses? _____

Will Allow Blood Transfusions? (Check) YES _____ NO _____

Other _____

Parent (signature) _____ Date _____

Legal Guardian _____ Date _____

DEPOSIT PAID: YES OR NO