

First Frisco United Methodist Church

Parental Permission, Release and Consent to Medical Treatment

REGISTRATION INFORMATION

Child's Full Name _____ Date of Birth _____ Sex ____

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Home Address _____ Home # _____

Father's Name _____ Cell # _____ Work # _____

Mother's Name _____ Cell # _____ Work # _____

PERSONS TO CONTACT IN CASE OF EMERGENCY (other than parents)

1. Name _____ Cell # _____

2. Name _____ Cell # _____

RELEASE OF CHILD

Parent will be issued an online/printable pickup card for each camp the child(ren) attends. The card or digital picture of the card must be presented upon pickup of the child(ren). If the card is not present, a driver's license or other picture ID as well as verification is required for release of the child.

MEDICAL ISSUES OR ALLERGIES (is there anything we should be aware of)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Phone # _____

Name of Emergency Care Facility _____

Address _____ Phone # _____

I give consent for the physician and/or facility to secure any and all necessary emergency medical care for my child.

DISCLAIMER: By typing your name below, you are signing this permission form electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Signature of Parent or Legal Guardian

Date