

**SOUTH UNION CHRISTIAN CHURCH PARENT/GUARDIAN CONSENT TO  
TREAT A MINOR**

Being the parent or legal guardian of (list names of children):

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_  
(PRINT PARENT OR LEGAL GUARDIAN NAME)

**DO    DO NOT    (CIRCLE ONE)**

consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Emergency Contact Phone Number 1: \_\_\_\_\_

Emergency Contact Phone Number 2: \_\_\_\_\_

**SOUTH UNION CHRISTIAN CHURCH PHOTO RELEASE FORM**

I hereby grant permission to South Union Christian Church to take photographs, voice recordings or videos of (list names of child or children):

\_\_\_\_\_

\_\_\_\_\_

I further:                                    **GRANT                                    DO NOT GRANT    (CIRCLE ONE)**

South Union Christian Church and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my child's first name only for all lawful purposes. I acknowledge that South Union Christian Church owns all rights to the images and recordings.

**Waiver, Indemnity and Release**

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless South Union Christian Church, its employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of libel, slander, defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Printed name of Parent of Child (under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_