

DOB:

GRADE COMPLETED:

VBS Medical and Media Releases – Both must be signed for your child to participate.

Name of Minor: Relationship to You:

MEDICAL: In case emergency medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed. I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. **This authority is granted only after a reasonable effort has been made to reach me.**

Address of Minor:

Family Physician: Phone:

Allergies:

Chronic Diseases or Medical problems:

Medicines son/daughter is now taking:

** Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.*

Indicate if wearing contact lenses or any other pertinent information:

Medical Insurance Carrier: Policy/Contract Number:

PARENT (GUARDIAN) NAME (please print):

ADDRESS: ZIP:

PHONE: (home) (cell)

EMERGENCY Phone # if different than cell:

MEDIA

I, hereby give permission to Ave Maria Parish and Port Sanilac United Methodist Churches to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same) for purpose of: Public Information for Promotion of Ave Maria Parish or Saginaw Diocese or Port Sanilac United Methodist Church, Parish purposes Only, Parish or Diocesan website.
(This consent must be re-examined and signed each year.)

Parent/ Guardian Signature:

Date: