



EUM CHURCH • 111 DEVOR ST • GREENVILLE OH 45331

EMERGENCY MEDICAL AUTHORIZATION

Student's Name: _____

Age: _____ Grade: _____

Address: _____

Home Phone: _____ Cell Phone: _____

• Mother's Name: _____

Home Phone: _____ Cell Phone: _____

• Father's Name: _____

Home Phone: _____ Cell Phone: _____

Name of relative or neighbor who may be notified:

_____ Phone: _____

_____ Phone: _____

Doctor to be called: _____ Phone: _____

Dentist to be called: _____ Phone: _____

Preferred local hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

PHOTO RELEASE

I, being the parent or guardian of the child listed above, hereby consent that the photographs or videos taken of my child during this event may be used as indicated below. These pictures may be used on promotional materials, newsletters, brochures, website, and in local newspapers.

_____ I give my permission to use my child's photograph, etc. as described above.

_____ I DO NOT give my consent to have photographs of my child used by EUM Church and/or its ministries.

PARENT/GUARDIAN SIGNATURE REQUIRED

Date _____ Signature of Parent/Guardian: _____