



# EMERGENCY MEDICAL RELEASE AUTHORIZATION

## PARENT CONSENT FORM

I give my consent for my son / daughter, \_\_\_\_\_ to travel with St James United Methodist Church, Tampa, FL, and to attend any activity and/ or trip with the same group.

\_\_\_\_\_ Date

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

## AUTHORIZATION FOR TREATMENT OF A MINOR

I give permission for a licensed physician to perform emergency medical treatment including, but not limited to, x-rays, medication, anesthetic, and surgery for my son/ daughter, \_\_\_\_\_. I further agree to relinquish St James United Methodist Church, Tampa, FL, of all liability in the event of accident or injury. I also assume responsibility for any resulting expense.

\_\_\_\_\_ Date

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

## EMERGENCY MEDICAL INFORMATION (PLEASE PRINT)

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Work: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Dad Work: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

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

\_\_\_\_\_ Date of last Tetanus, Toxoid, or D.P.T. : \_\_\_\_\_

Any Medications Currently Being Taken: \_\_\_\_\_

Any Medical/Special Needs We Need To Be Made Aware Of: \_\_\_\_\_

\_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

## STATE OF FLORIDA: COUNTY OF HILLSBOROUGH

The forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_ NOTARY PUBLIC