

**PARENT CONSENT/MEDICAL TREATMENT FORM**  
**CHILDREN'S MINISTRY**  
**First United Methodist Church, Bainbridge, Georgia**

I the undersigned parent or guardian of \_\_\_\_\_ a minor, do hereby authorize adult workers with the Children of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any First UMC Clergy, Staff, representative of the Church or other medical center for rendering such services.

(Please print all the following information and please print out completely)

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

Signature of Notary: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_