

**Church of Christ at White Station, Inc.
Medical Emergency Authorization and Consent Form**

The undersigned Parent or Guardian of the child named below hereby declares that in the event of a medical emergency involving my child, if reasonable efforts to reach me are not successful, and if in the opinion of a properly licensed and practicing physician, my child needs medical or surgical treatment which would otherwise require my consent, then the Church of Christ at White Station, Inc., acting by and through its employees and/or appointed adult volunteers, is hereby authorized to act as my agent to give authorization or consent for such treatment to my child; and I hereby release any doctor, hospital or other provider of such emergency medical or surgical services from any liability which may otherwise incur as a result of providing such services in reliance upon this Authorization and Consent; and that any such person or entity may rely upon a photocopy of this Authorization and Consent as being fully effective and binding upon me as if it were an executed original.

The undersigned Parent or Guardian further consents to the use, publication, and copyright by the Church of Christ at White Station, Inc. in its publications, brochures, videos, internet web site, social media and other promotional materials, images in which my child may appear as a participant in any programs or activities of the Church of Christ at White Station, Inc.

***** Date _____ **Parent/Guardian (printed)** _____
Parent/Guardian (signature) _____

Copies of this form often accompany children on church trips. Please provide your phone numbers for the sponsors in charge.

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Name _____	Grade _____	Birthdate _____
Allergies & Medical Alerts _____		
Medical Comments _____		
Child's Physician _____	Office Phone _____	
Physician's Address _____	_____	_____
(Street)	(City)	(State) (Zip)

Insurance Company _____	Policy Holder _____
Hospital Preference _____	Policy Number _____

Emergency Contacts (other than parents or guardians)			
Name _____	_____	_____	Relationship _____
(Title)	(First)	(Last)	
Home Phone _____	Work Phone _____	Cell Phone _____	
Name _____	_____	_____	Relationship _____
(Title)	(First)	(Last)	
Home Phone _____	Work Phone _____	Cell Phone _____	

*** PLEASE BE SURE THAT YOU HAVE SIGNED ON THE ABOVE SIGNATURE LINE.**