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:_____

Physician's Address:_____

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**):
_____

PARENT(GUARDIAN) SIGNATURE:_____

ADDRESS:_____ZIP:_____

PHONE: (home)_____ (cell)_____

(EMERGENCY)_____

MEDIA

I, _____hereby give permission to Ave Maria Parish and Port Sanilac United Methodist Churches to photograph, videotape and/or voicetape 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 PS United Methodist Church, Parish purposes Only, Parish or Diocesan website.

This consent must be re-examined and signed each year.

Parent/ Guardian Signature:_____

Date:_____