

**Christ Church Methodist
Authorization for Emergency Medical Care
2024-2025**

Child's Name _____

Date of Birth _____ Grade/Age as of 9/24 _____

Address _____

City _____ Zip Code _____

Main Contact E-mail _____

Parent's Name(s) _____

Cell Phone(s) _____

Emergency Contact _____

Cell Phone _____

Allergies or medical needs _____

I hereby grant permission for my child to participate in all of the activities of Christ Church Methodist.

I hereby grant permission for my child's picture to be taken during the event.

If appropriate I grant permission for my child to leave the premises for camps, outings and other excursions I have registered my child to attend.

I hereby waive any claim against Christ Church Methodist, The Woodlands, Texas.

I hereby grant permission for the Minister, Staff Person, Acting Director, or authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents/guardians through the numbers listed on this form.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do any on or all of the following:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member
4. Any expenses incurred under item number 3 will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false information given at the time of registration.

Signature of Parent or Legal Guardian

Date

