

MEDICAL CONSENT - Musical Monday Funday 2019-2020

The undersigned, as the representative of the Minor (name)_____ do authorize any person under the authority and with the consent of the First United Methodist Church of Katy, Texas, to render first aid or give over the counter medications for minor illnesses (ie: cold, upset stomach, fever) or seek medical treatment for said child, while said child is participating in this church sponsored event and authorize, on our behalf, such treatment when necessary by emergency or illness. Facsimile or photo copied signatures will be deemed original for all purposes.

As Minor's Representative

Date

Family Doctor _____ Phone _____

Hospitalization Insurance Carrier _____ Phone _____

Policy/Group# _____ Name of Insured _____

AUTHORIZATION RELEASE AND WAIVER

The undersigned representative of the minor _____ do hereby authorize the use of photographs to be used in publicity, information and celebrations for this event; and release the Methodist Church and First United Methodist Church, Katy, Texas, collectively herein referred to as "the church", its' employees and volunteers (including parent volunteers working under the direction of the church) from any claim the undersigned may have arising from injury or loss occurring within vehicles owned or leased or borrowed by the church, and hold harmless from any claim arising as the result of any such injury or loss. Facsimile or photo copied signatures will be deemed original for all purposes.

This release will be in effect for the entire 2019-2020 MMF Year. From date signed through May 31, 2020.

As Minor's Representative

Date