

# Permission and Emergency Medical Release

Burbank First United Methodist Church 700 N. Glenoaks Blvd., Burbank, CA 91502

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

our office will be communicating by e-mail. Please check box if you need to be contacted by phone or mail.

## Minor Child/Youth

1. \_\_\_\_\_ Birthday \_\_\_\_\_  
2. \_\_\_\_\_ Birthday \_\_\_\_\_  
3. \_\_\_\_\_ Birthday \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ (If known)

Please list any special needs or specific medical problems, allergies, medications, etc.

\_\_\_\_\_

I (we) the undersigned give permission for:

1. \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
(minor child/youth) (minor child/youth) (minor child/youth)

to participate in all activities sponsored by the First United Methodist Church of Burbank. In addition, I (we) the undersigned parent(s)/legal guardian of said minor do hereby authorize any adult into whose care the above named minor is entrusted, to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advise of a physician or surgeon licensed under the provisions of the Medical Practice Act or of a dentist under the provisions of the Dental Practice Act, at my (our) expense.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the aforementioned physician, surgeon or dentist in the exercise of his or her best judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above diagnosis or treatment will be withheld if the undersigned cannot be reached.

This authorization is given in pursuant of Section 6010 of the Family Code of CA.

I will not hold Burbank First United Methodist Church, any staff member, class instructor or anything on the premises of the church liable for any injury or accident that may happen during the class. By signing this document I release the Burbank First United Methodist Church and any staff member or class instructor from liability for any injuries or damages which arise out of such participation.

This permission and authorization shall be valid indefinitely from the date this form was signed; unless and until terminated by me (us) in writing delivered to said church.

Signature, Parent(s)/Guardians \_\_\_\_\_ Date \_\_\_\_\_