Parents' Time Away
McEachern Memorial United Methodist Church
4075 Macland Road, Powder Springs, GA 30127
770-943-3008

Permission, Medical & Liability Release Form

Child's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City/State: _____ Zip: _____

Primary phone: _____ Email Address: _____

Mother's Name: _____ Cell phone: _____

Employer's Name: _____ Work phone: _____

Father's Name: _____ Cell phone: _____

Employer's Name: _____ Work phone: _____

Emergency Contact Name: _____ Phone: _____

Media Consent

I grant permission for my child's photograph or image to be published in print (newsletters, brochures, newspapers, etc.), video, or website in conjunction with the promotion of McEachern Memorial UMC. I understand that at no time will my child's partial or full name or any identifying information, be attached to any material used in production.
Signed: _____ Date: _____

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly authorized employee, volunteer or other representative of the McEachern Memorial UMC, as agent(s) for the undersigned, to transport in any way as deemed necessary, consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

I, the undersigned, on behalf of myself and _____(child's name), shall indemnify, hold free and harmless, assume liability for and defend the McEachern Memorial UMC, its agents servants, employees, officers and directors from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court costs and all other sums, which the McEachern Memorial UMC, its agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action found therein, arising or alleged to have arisen out of _____(student's name)'s use of real or personal property belonging to the McEachern Memorial UMC, its agents, servants, employees, officers and directors, or by reason of _____(student's name)'s participation in any McEachern Memorial UMC activity.

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Emergency/Medical Information

Child's full legal name: _____ Nickname: _____

Physician Name: _____ Phone: _____

Physician Address: _____

Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Insurance Company Phone number: _____

Medical Information we should be aware of: _____

_____

Allergies: _____

Will you allow blood transfusions? _____ Last Tetanus Immunization: _____

List any special needs or concerns?

_____

In case of emergency, I give permission for my child to be transported to the nearest medical facility, with

Preference given to _____hospital.

Signed: _____ Date: _____

*While MMUMC follows CDC guidelines, participation in the above program there may be exposed to an illness or to an infectious disease; including but not limited to MRSA, influenza, and COVID 19. With particular rules and personal discipline may reduce the risk of exposure or illness, there is no guarantee.

*Parents' Time Away is not a licensed child care facility. The program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from the state licensure requirements.

Parent or Legal Guardian Signature _____

Date _____

McEachern Memorial
A United Methodist Church
www.mceachernumc.org