

# Montrose Church Emergency Consent



Effective: January 1, 2019 - July 31, 2020

In the event that medical intervention is needed on behalf of my child, \_\_\_\_\_, I understand that every attempt will be made to reach the emergency contact on my registration form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, x-ray, or surgery for my child as deemed necessary.

I understand that my child's photo or video may be taken at church activities and I authorize Montrose Church to post this media on the church web site or use them in other church materials.

Child's Grade \_\_\_\_\_ for School Year ending \_\_\_\_\_ (mm/yy)

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_