



## Portage Chapel Hill UMC Permission Form for Minors

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistants and designees including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent may receive all treatment provided according to generally accepted standards of medical practice with the following limitations:

\_\_\_\_\_ (if none, write "NONE")

My Emergency Phone Number: \_\_\_\_\_

My Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Allergies to medicines or other special problems that a physician should know before treatment:

Food Allergies/Other Concerns:

I give permission for my child to ride in vehicles driven by PCHUM leadership:      YES      NO

I give permission to use photos of my child in PCHUM promotions:      YES      NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent's must provide an original pen/ink signature before first activity)*