

**Buford First UMC Children's and Youth Ministry**  
**Media Release and Authorization for Medical Treatment**

Media Release Authorization:

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby grant permission to Buford First United Methodist Church to use the likeness of my child in any video, electronic (web) promotional or educational materials as they see fit.

Parent or Guardian Signature: \_\_\_\_\_

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

Authorization to consent to treatment of minor:

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with children/youth of the Buford First United Methodist Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I further assume all responsibility for the decisions so made and the emergency care of treatment so secured of my child. I understand that given proper time and circumstance, I will be notified by phone when treatment is needed. If time and circumstances do not permit, I will not be notified until after medical treatment.

Parent or Guardian Signature: \_\_\_\_\_

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