

Mission Hills Church

Medical Authorization Form

Primary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Secondary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Primary Doctor: _____ Phone #: _____

Medical Insurance Co. _____

Policy #: _____ Phone #: _____

Any specific instructions for physician or nurse concerning specific physical or mental conditions or medications:

Child #1 _____

Child #2 _____

Child #3 _____

I (we), the parents/guardians of _____, do hereby authorize Mission Hills Church (MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

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 aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on the child's release form. This medical release will be kept on file at Mission Hills Church.

(Signature of parent/guardian)

(Date)

Photo Release

I give permission for any pictures or videos taken of my child to be used for the Mission Hills church promotional materials such as brochures/flyers, worship folder, newsletters, MHC website, etc.

(Signature of parent/guardian)

(Date)

Summer Splash Payment Information

Payments for Summer Splash may be made by check, cash or credit card.

Cash and check payments can be made in person to the front office during office hours (Monday – Thursday, 8:30 am – 5 pm) or the Connection Center on Sunday mornings.

Credit card payments may be made by coming into the church office during office hours (Monday – Thursday, 8:30 am – 5 pm) or by filling out the information at the bottom of this page and returning the information with your registration paperwork. All credit card information will be shredded after July 8, 2019 (the start of Summer Splash).

Questions about registration and payments should be directed to Connie Flores at 760-759-2235 or cflores@missionhillchurch.org.

Credit Card Payment Information

Name as it appears on Credit Card _____

Card # _____

Card expiration _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____

Payment amount: # of children _____ X \$75 = _____

Cardholder phone number if there are any questions: _____