

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I am the parent/guardian of \_\_\_\_\_.  
I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any church related function by Evangelical United Methodist Church and Youth Group.

Should a medical emergency arise during my child's participation with a church activity, I understand that reasonable efforts will be made to contact me. If it is believed my child's life or health may be adversely affected by delay, I consent to:

- a. The administration of medical treatment and or surgical procedures deemed necessary by the medical doctor and or facility or the chosen church leader; and
- b. The immediate administration of life sustaining measures deemed necessary under the circumstances.

### HEALTH INFORMATION

Child's Full Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicine being taken: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Other pertinent facts: \_\_\_\_\_

Primary Physician/Address/Phone: \_\_\_\_\_

MEDICAL INSURANCE POLICY NAME: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Policyholder's Full Name: \_\_\_\_\_

Parent's Names and all Phone Numbers available: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date