

Medical Authorization Form

Event/Group Name _____

Sponsored by (church and city) _____

Participant's name: _____ Date of Birth ____/____/____ Sex _____

Street Address _____ Youth: Age _____ Grade _____

City _____ State _____ Zip _____ Adult: _____

Home Phone () _____ Cell Phone () _____

Allergies / special health concerns / medications / dietary needs:

Date of last tetanus shot: ____/____/____

Surgery or serious illness history _____

Physician's name _____ Physician's phone () _____

Insurance company _____ Insured's name _____

Policy number _____ ID number: _____

Parental: My child may participate in the above stated event/group, including travel during the event via church vehicle or automobile driven by an adult chaperone/leader who is age 21 or older with a valid driver's license. I give permission for my child/myself to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's/my own health and safety while at the event, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child/myself. I release _____ Church and its representatives from liability in the event of accidental injury or illness.

Effective Dates: From _____ to _____ Date _____ (6 months)
Signed _____
(Parent/guardian or adult participant age 21 or over)
Print _____

Effective Dates: From _____ to _____ Date _____ (6 months)
Signed _____
(Parent/guardian or adult participant age 21 or over)
Print _____

Emergency phone numbers: () _____ - _____ () _____ - _____