

Emergency Medical Authorization Form

Group Name: First United Methodist Church, Youth Group

Child Name: _____

Address: _____

_____ zip _____

Telephone _____ Cell phone _____

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under childcare provided by other than parents or guardian, and when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name _____ Daytime phone () _____

Father's Name _____ Daytime phone () _____

Mother's Name _____ Daytime phone () _____

Name of Relative or Childcare Provider

_____ Relationship _____

Address _____

Daytime phone () _____

PART I OR II MUST BE COMPLETED
(See Reverse Side)

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ phone () _____

Dentist _____ phone () _____

Medical Specialist _____ phone () _____

Local Hospital _____ phone () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date _____ Signature of parent/guardian _____

Name of Parent/guardian (print) _____

Address _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the appropriate authorities to take the following action: _____

Date: _____ Signature of parent/guardian _____

Name of parent/guardian (print) _____

Address _____