

Medical Treatment Authorization Form

This form grants temporary authority to **Firewheel Bible Fellowship** to provide and arrange for medical care for a Minor in the event of an emergency, where the Minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone Number: ____ (____) _____

Medical Insurer / Health Plan: _____ Policy No. _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment: _____

Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Student Ministry of **Firewheel Bible Fellowship** to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize **Firewheel Bible Fellowship** to summon any and all professional emergency personnel to attend, transport and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of **Firewheel Bible Fellowship** in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____ Signed this ____ day of _____, 20__

Parent / Legal Guardian Signature: _____

Printed Name: _____ Phone Number: _____

Witness Signature: _____

Printed Name: _____