

Authorization for Emergency Medical Treatment
Carney Evangelical Free Church
Carney, Michigan 49812
(906)639-2165

To Whom It May Concern:

As a parent and/or guardian, I so herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases the Carney Evangelical Free Church, Youth Group leaders or the homeowner as applicable, from any and all liability.

Name of minor _____

Date or dates when release is intended: September 11, 2019 - May 27, 2020

Family Physician _____ Phone () _____

_ Health/Accident Insurance _____

Insurance Holder's Name on Card _____ EXP Date _____

Claims Address _____

Policy# _____ Group # _____

YES NO

Have had recent medical treatment of illness: describe: _____

Have allergies: describe _____ Date of last Tetanus shot _____

Have physical conditions requiring special consideration; describe _____

Will have medication on trip. (Must be in original prescription container labeled with minor's name, medication name, dosage, time taken); List: _____

Have been recently exposed to, or shown any symptoms of, any contagious disease such as, but not limited to: the flu, chicken pox, SARS, head lice? If Yes, please explain:

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Relationship to minor: _____

Signed: _____ Print: _____

Address: _____

Phone (H) (____) _____ (W) (____) _____ (C) (____) _____