

**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 14, 2016 - May 25, 2017**

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health/Accident Insurance: \_\_\_\_\_

Insurance Holders Name on Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Claims Address: \_\_\_\_\_  
street city state zip

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 you recently been exposed to, or shown any symptoms of, any contagious disease such as, but not limited to: the flu, chicken pox, SAARS, head lice?  
If yes, please explain: \_\_\_\_\_

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

Relationship to minor: \_\_\_\_\_

Signed \_\_\_\_\_ Print \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work)(\_\_\_\_) \_\_\_\_\_ (cell)(\_\_\_\_) \_\_\_\_\_