FIRST CONGREGATIONAL CHURCH

EMERGENCY MEDICAL AUTHORIZATION FORM

for ALL Youth Ministry Events September 2018 – September 2019

The purpose of this form is to make it possible for parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while under group authority, when parents and/or guardians cannot be reached for the purpose of giving consent for such treatment.

CHILD'S NAME _____
Last First Middle

DATE OF BIRTH _____ TELEPHONE _____

ADDRESS_____
Number and Street

_____
City State Zip Code

FATHER'S FULL NAME _____

ADDRESS _____

HOME #_____ WORK # _____ CELL# _____

MOTHER'S FULL NAME _____

ADDRESS _____

HOME # _____ WORK # _____ CELL # _____

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____TELEPHONE _____

PERSON TO CONTACT IF UNABLE TO REACH PARENT/GUARDIAN:

NAME_____

RELATIONSHIP TO CHILD_____

ADDRESS _____

HOME #_____ WORK # _____ CELL# _____

IF ALL ABOVE INFORMATION IS CURRENT AND ACCURATE SIGN BELOW:

_____
Parent/Guardian Signature Date