

Marysville Grace Brethren Church
Youth Ministries Emergency Medical Authorization
For the Youth Ministry Year of June 2016 thru June 2017

Student's Name _____ M/F _____ Grade _____

Address _____

City _____ State _____ Date of Birth ___/___/___

Name of Legal Guardian: _____

Name(s) of Persons with whom student resides: _____

Permission to contact non-custodial parent? Yes/No _____ If yes, name and phone number of non-custodial

Parent _____

Known Allergies: _____ Health Concerns (asthma, diabetes, etc.): _____

Current Medications: _____

Name of Insurance Company and Policy Number _____

The following is an authorization for the provision of emergency treatment of students who become ill or injured while involved in a Youth Ministry function. PLEASE LIST ONLY THE NAMES OF THOSE WHO HAVE THE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS STUDENT. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on ability (i.e. 1st, 2nd).

_____ Mother (Name) _____ Home# _____ Work# _____

Place of Employment _____ Cell# _____ Pager# _____

_____ Father (Name) _____ Home# _____ Work# _____

Place of Employment _____ Cell# _____ Pager# _____

_____ Alternate (Name) _____ Relationship to Student _____

Home# _____ Cell# _____ Work# _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administrator of treatment deemed necessary by the preferred doctor indicated, or, in the event the designed preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any reasonable accessible hospital. This authorization does not cover major surgery unless the medical options of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of each surgery.

PART 1 OR 2 MUST BE COMPLETED

Part 1:

I hereby consent for the following medical care providers to be called:

Preferred Physician _____
Phone# _____

Preferred Dentist _____
Phone# _____

Parent Signature Date

Part 2:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury I wish the Youth Ministries of Marysville Grace Brethren Church to take the following action:

Parent Signature Date