

MENTOR UNITED METHODIST YOUTH FELLOWSHIP EMERGENCY MEDICAL AUTHORIZATION

NOTE TO PARENTS/GUARDIAN: YOUTH CANNOT GO ANYWHERE WITH THE GROUP WITH OUT THE EMERGENCY MEDICAL & **PERMISION SLIP FORMS** COMPLETED, SIGNED, AND TURNED INTO THE CHURCH OFFICE.

Student Name _____ Phone _____

Address _____

Birth Date _____ Grade _____ Social Security No. _____

Purpose: To enable parents and guardian to authorize the provision of emergency treatment for children who become ill or injured while under the church's authority when parents or guardians cannot be reached.

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

In case of an emergency and we are unable to contact parents:

Name _____ Phone _____ Relationship _____

Part I, To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital preferred _____ Emergency Phone _____

Hospitalization Carrier Name _____ Policy No. _____

Any chronic illnesses _____

Drugs currently taken _____ Frequency _____

Student is permitted to take Tylenol for headache? ____ Yes ____ No

Student is permitted to take _____ for fever _____ for cold and flu symptoms

Student is subject to motion sickness? ____ Yes ____ No If yes, what medication can be taken _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred doctor is not available, by another licensed physician and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history and any physical impairment to which a physician should be alerted:

Date _____

Signature of Parent/Guardian

Address _____
