

Emergency Medical Treatment for a Minor Child Authorization

Please review this emergency medical treatment authorization and if you consent, sign below. We encourage you to authorize emergency medical treatment for your minor child by filling in and signing this form.

I, (name) _____, as the (parent, guardian) _____ of (child's name) _____, and having full authority to hereby give my consent, in the event all reasonable efforts to contact me directly at (phone) _____ or (alternate phones) _____, are unsuccessful, to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

I also give my permission for the church's and/or youth leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

This authorization is effective:

- Only for the period of this special event.
- Until revoked by me in writing.

Signature: _____ Date: _____