

ATTACH COPY OF MEDICAL FORMS

THIRD EPISCOPAL DISTRICT TAWAWA 2010

July 12, 2010 – July 15, 2010
Wilberforce University

YOUTH PERMISSION AND MEDICAL AUTHORIZATION FORM

Name _____
Last First Middle Initial ID#

Home Address _____ Home Telephone _____
Street Apt#
City State Zip

Church _____ Pastor _____

Parent/Guardian Information

Father's Name (or Husband or Guardian) Place of Employment Business Phone

Mother's Name (or Wife or Guardian) Place of Employment Business Phone

Emergency Contact – Two Persons to be called in event that Parent/Guardian can not be reached.

Name Phone

Name Phone

Medical Authorization

Parents/Guardian give permission to provide emergency treatment for children who become ill or injured while under church authority, when parents/guardians cannot be contacted. Part I or II, **MUST BE COMPLETED**.



EMERGENCY INFORMATION



MEDICAL AUTHORIZATION

Part I. Granting Medical Consent - If reasonable attempts to contact me, other parent, or guardians, have been unsuccessful, I give my consent for:

1. Administration of Treatment deemed necessary by

Dr. _____ or Dr. _____
Preferred Doctor Preferred Dentist

Address Phone Address Phone

or in the event the designated practitioner is not available, by another licensed physician or dentist; and

2. Transfer my child to _____ or any hospital reasonably accessible. This
Preferred Hospital

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

Please check/list applicable medical conditions: Allergy Asthma Bleeder Convulsion Fainting Spells
 Heart - Other (specify): _____

Medications: _____

Signature of Parent/Guardian _____ Date _____

Part II. Refusing Medical Consent - I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want authorities to take no action or to: _____

Signature of Parent/Guardian _____ Date _____