

BRECKSVILLE UNITED METHODIST YOUTH GROUP
EMERGENCY MEDICAL AUTHORIZATION
AND PERMISSION FORM

NOTE TO PARENTS/GUARDIANS: CHILDREN/YOUTH CANNOT GO ANYWHERE WITH THE GROUP WITHOUT THE EMERGENCY MEDICAL AND PERMISSION FORMS COMPLETED, SIGNED AND TURNED INTO THE YOUTH DIRECTOR. THESE WILL BE KEPT ON FILE FOR THE SCHOOL YEAR (Sept. 1, 2008-August 31, 2009).

Name _____ Phone (____) _____

Address _____

Birth Date _____ Grade _____ Social Security No. _____

Purpose: to enable parents/guardians 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 _____

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 illness _____

Drugs currently taken _____ Frequency _____

Student is permitted to take Tylenol for headache? _____ YES _____ NO

Student is permitted to take _____ for fever, _____ for cold or flue symptoms

Student 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 physical impairments to which a physician should be alerted:

My Child has permission to attend the following activity dates: September 1, 2008 – August 31, 2009.

Signature of Parent/Guardian _____

Address _____