

_____ **Sunday School**
_____ **Adventure Club**
_____ **Youth**
Siblings _____

_____ **VBS**

_____ **Grade**

**EMERGENCY MEDICAL AUTHORIZATION
FOR PARTICIPANTS IN ACTIVITIES SPONSORED BY
JEFFERSON UNITED METHODIST CHURCH 2011-12**

NAME _____ HOME PHONE _____

ADDRESS _____ PARENT'S WORK PHONE _____

PARENTS' NAMES _____

PARENTS' CELL PHONE NUMBER(S) _____

ALTERNATE CONTACT PERSON IN CASE PARENT(S)/GUARDIAN CAN'T BE REACHED:

_____ PHONE _____

DOCTOR _____ DOCTOR'S PHONE _____

DENTIST _____ DENTIST'S PHONE _____

EYE DOCTOR _____ EYE DR. PHONE _____

HOSPITAL _____ HOSPITAL PHONE _____

LIST OF ALL ALLERGIES _____

LIST OF ALL MEDICATION BEING TAKEN _____

PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED

DATE OF LAST TETANUS BOOSTER _____

In the event that emergency treatment is necessary for the above child due to illness or injury I hereby give my consent for treatment deemed necessary by the doctor or dentist. This authorization covers major surgery provided that the medical opinions of two licensed physicians or dentists concur in the necessity for such surgery prior to the performance thereof.

Notify the undersigned of illness or injury as soon as possible.

Insurance Company _____ Insurance No. _____

Dated: _____

Father, Mother or Legal Guardian

Address

Phone