

Please Print and fill out.

**EMERGENCY INFORMATION AND MEDICAL
AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached*. **FILL OUT ONLY PART I or PART II.**

**PART I – GRANT TO
CONSENT**

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible.

Facts concerning the child’s medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature: _____ Date: _____

**PART II – REFUSAL TO
CONSENT**

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish the church authorities to take no action but to do the following:

Parent/Guardian Signature: _____ Date _____