

**MENTOR UNITED METHODIST CHILDREN & YOUTH MINISTRY**  
**Emergency Medical Authorization**

NOTE TO PARENTS/GUARDIAN: CHILDREN CANNOT GO ANYWHERE WITH THE GROUP WITHOUT THE EMERGENCY MEDICAL & PERMISSION SLIP FORMS COMPLETED, SIGNED AND TURNED INTO THE CHURCH OFFICE.

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Purpose: To enable parents and 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/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency and we are unable to contact parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Part 1. To Grant Consent**

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 illnesses \_\_\_\_\_

Medicines currently taken \_\_\_\_\_

Child is permitted to take Tylenol for headache? \_\_\_\_Yes \_\_\_\_No

Child is permitted to take \_\_\_\_\_ for fever \_\_\_\_\_ for cold and flu symptoms.

Is child subject to motion sickness? \_\_\_\_Yes \_\_\_\_No 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 child's medical history and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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Address: \_\_\_\_\_