EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION 07/10/17

Full Name of Adult, Youth, or Child _____ Social Security Number _____

Address _____ City _____ Zip Code _____

Medical Insurance Company _____ Policy Number or Group Number _____

Medical Conditions: _____

_____

_____

Allergies: _____

Current Medications: _____

PERSON (S) TO CONTACT IN AN EMERGENCY:

Name _____ Home telephone _____ Work telephone _____

Home Address _____ (Mailing Address if different from Home) _____

Alternate Person to Contact:

Name _____ Home Telephone _____ Work Telephone _____

Home Address _____ (Mailing Address if different from Home) _____

PERMISSION FOR MEDICAL TREATMENT

In the event of a medical necessity or emergency, I hereby authorize the adult representative of St. Paul's Lutheran Church or adult Sponsor for any church event to make any necessary arrangements for the proper medical or surgical care of the above named child, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representative or Sponsor to secure and provide necessary and proper medical treatment for the care of my child.

I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance.

Parent/Guardian Signature _____ Date _____