



Emergency Medical Authorization

This emergency medical form must be filled out and be signed by a parent or guardian of each young person who wishes to participate in any activity sponsored by **True North Church**. The purpose of this form is to make it possible for parents and guardians to authorize emergency treatment for their young people who become ill or injured while participating in any church function. The following information will be needed by any hospital or practitioner not having access to the child's medical history.

Child's Name: _____ D.O.B. _____

Street Address: _____ City, State, Zip: _____

Telephone #: (Home) _____ (Cell) _____

Allergies: _____

Current Medications: _____

Last tetanus shot: _____

Physical impairments: _____

Past medical history: _____

Family physician: _____ Hospital Choice _____

Telephone #: _____ Telephone #: _____

Parent/ Guardian: _____

Street Address: _____ City, State, Zip: _____

Telephone #: (Home) _____ (Work) _____

(Cell) _____ (Cell) _____

If all attempts to reach you fail, please give someone else who should be reached in case of an emergency.

Name: _____ Relationship _____

Telephone #: (Home) _____ (Cell) _____

Are you covered by Medical Insurance? Yes: _____ No: _____ Company?: _____

I understand that my signature on this form is valid through December 31, 2012

If all reasonable attempts to reach me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the appropriate licensed physician, dentist, or emergency personnel of the hospital.

Parent/Guardian Signature: _____ Date: _____



PARENTAL PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the **(Event)** _____ on **(Date)** _____ and give permission for the subject of this release to be involved in the overall activities.

I understand that all reasonable safety precautions will be taken at all times by **True North Church** and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **True North Church**, its ministries, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. This includes but is not limited to injury that occurs on church property, traveling to and from the activity, and the activity itself.

Required

Parents/Guardians: _____

Student Name: _____

Street Address: _____

City/State/Zip: _____

(H) Phone #: _____

(W) Phone #: _____

(C) Phone #: _____

(C) Phone #: _____

Optional

Other #: _____

Other #: _____

<p>Special Permissions</p> <p>Fill out only if necessary</p> <ul style="list-style-type: none"> • I will pick up my child at _____ am/pm. • I give my child permission to leave at _____ am/pm and drive home. • My child may ride home with _____. • My child may take home... _____.

Parent/Guardian Signature: _____

Date: _____