

MESSIAH LUTHERAN CHURCH

Authorization for Treatment of a Minor

Emergency Contact and Medical Information

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Sex

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations /Current Medications

Date of Last Tetanus Shot

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. It is understood that I the Parent/Guardian will assume financial responsibility for costs incurred for treatment or hospital care.

X

Parent's/Guardian's Signature

Date

I release Messiah Lutheran Church and individuals from liability in case of accident during activities related to Messiah Lutheran Church, as long as normal safety procedures have been taken. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until August 31, 2010.

X

Parent's/Guardian's Signature

Date