

Authorization Consenting To Medical Treatment

Please Print Legibly

I,(We) _____ and _____ are the natural parents(s), legal guardian(s) having legal custody of _____ who is, _____
(Student's Name) (Age)
who resides with us at _____
(address) (city) (zip)

give our permission for a licensed doctor, or emergency treatment center, selected by the person in charge of any Stone Creek Church event, to administer the necessary attention and aid IMMEDIATELY to our student should he/she become injured or sick at any Stone Creek Church activity, and to do so without having to wait until we are contacted. We consent to X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care.

We understand an activity leader will try to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity leaders responsible if efforts to contact me (us) are unsuccessful.

Date _____ Father (or guardian) _____
(signature)

Date _____ Mother (or guardian) _____
(signature)

Other Information

Father's Best Phone # _____ Mother's Best Phone # _____

Nearest relative to contact: _____ Phone _____

Student's Doctor _____ Phone _____

Parent's Doctor _____ Phone _____

Medical Insurance Company _____ Policy Number _____

Allergies to medicine or other allergies _____

Student is presently taking the following medication _____

ADDITIONAL INFORMATION _____