

EMERGENCY MEDICAL AUTHORIZATION FORM

SUMMER CAMP 2024

In the event of an emergency, I hereby give permission to the church-appointed leaders who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child. By signing my name below, it is acting as my signature.

PARENT/GUARDIAN SIGNATURE

DATE

Student Name: _____ DOB: _____

Student Allergies: _____

Student Medications: _____

Insurance Company : _____

Policy #: _____

Parent Name: _____ Parent Cell: _____

OTHER HOUSEHOLD CHILDREN:

Student Name: _____ DOB: _____

Student Allergies: _____

Student Medications: _____

Student Name: _____ DOB: _____

Student Allergies: _____

Student Medications: _____

Student Name: _____ DOB: _____

Student Allergies: _____

Student Medications: _____