

STAUNTON ALLIANCE YOUTH MINISTRIES

560 New Hope Road, Staunton, VA 24401, 540.885.6868

Medical Authorization Form

Name of Minor: _____ Date of Birth _____

Address: _____

Legal Guardians: _____

The purpose of this form is to enable parents/legal guardians to authorize the provision of emergency treatment for their child in the event that they become ill or injured while participating in an activity sponsored by Staunton Alliance Church.

I hereby absolve Staunton Alliance Church from any liability, claims or demands from personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred while my child(ren) is participating in youth functions with Staunton Alliance Church.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I, _____ hereby give permission for a representative from Staunton Alliance Church to act in my behalf, to seek any medical treatment deemed necessary for the health and well being of my child in the event of a medical emergency. This does not cover any major surgery unless this surgery is deemed necessary for the life and well being of my child. In the event that surgery is needed, the medical opinions of at least two licensed physicians or dentists will be sought, if time allows. I absolve Staunton Alliance Church from liability in acting on my behalf in this regard.

Signature of Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ Policy Number: _____

Please list any physical limitations or allergies: _____

Medications currently taken: _____

List Names of others to be contacted if you cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____