



2010 Medical Care & Insurance Form

Student Name: _____

I give my consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of , a minor, do hereby authorize the following person(s) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physical or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required,, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: _____

and/or taking the following medication on a regular basis: _____

Parents Emergency Phone Numbers: _____

Child's Social Security Numbers: _____

**Please note that the Social Security Number is optional, but is helpful if emergency room treatment is necessary.*

Health Insurance Provider: _____

Policy Number: _____

Parent or Guardian's Signature

Date

**Please note that this paper will stay with the Youth Minister or sponsoring adult at all times*