

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, the undersigned parent, hereby grant ST. GILES PRESBYTERIAN CHURCH at 5101 Oak Park Road, Raleigh, NC, 27612, CARE PROVIDER, the authority to obtain medical treatment for the following child(ren) for all Church sponsored events during this grant of temporary authority, which shall begin on August 1, 2009, and shall remain effective through July 31, 2010.

Name(s) of Child(ren), and birth date(s): _____

The care provider may provide the physician and other health care providers with the following health insurance information:

Insurance Company: _____
Policy Number _____
Name of policy holder _____

St. Giles, as care provider, shall have the authorization to:

- obtain medical treatment and procedures for the child(ren) as listed above may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinical personnel, and other appropriate health care providers.
- Obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc. Administer medications as follows:

Name of child _____
Name of medication _____
Amount to be given _____
Time to be given _____
Other information _____

Please list any allergy-medical foods that your child may not have:

Health History: ___ Allergies ___ Heart Condition ___ Frequent colds ___ Diabetes
___ Chronic asthma ___ Epilepsy ___ Physical handicap ___ Other: _____

If you checked any of the above, please give details:

Surgeries in the past 5 years, with date and place:

OVER

In case of illness or an emergency, the care provider should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s):

Name: _____
Relationship: _____
Address: _____
Place of employment: _____
Phone number(s) _____

Name: _____
Relationship: _____
Address: _____
Place of employment: _____
Phone number(s) _____

Name of Physician: _____
Address: _____
Phone number: _____

If the child(ren) need hospitalization, the preferred choice is:

Hospital Address: _____

Every activity sponsored by St. Giles Presbyterian Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related activities. They also agree not to hold St. Giles Presbyterian Church, or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent: _____
Address: _____
Place of employment: _____
Phone number(s) _____

Parent signature: _____ Date: _____