

Emergency Medical Authorization Form for Teens Under 19

STUDENT'S NAME _____

BIRTHDAY _____

Purpose: This form enables parents to authorize the provision for emergency treatment for children who become ill or injured while at a youth event. Consent to seek such treatment is granted specifically to official adult representatives and chaperones of St. Benedict Church, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.

I relieve St. Benedict, the adult leaders, Ministry, and the Archdiocese of Anchorage from all responsibility and consequences that may arise as the result of this treatment.

I will not hold the St. Benedict, chaperones, or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

TO GRANT CONSENT

NAME OF PARENT OR

GUARDIAN _____

HOME

ADDRESS _____

HOME TELEPHONE NUMBER _____

FATHER'S WORK PLACE _____

PHONE # _____

MOTHER'S WORK PLACE _____

PHONE # _____

REGULAR PHYSICIAN _____

PHONE # _____

In the event that reasonable attempts to contact the above named have been unsuccessful, I hereby give my consent for any treatment deemed necessary for my child named on this form by medical personnel at the nearest medical facility.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

FAMILY INSURANCE COMPANY _____

POLICY

If the parents cannot be reached, the alternate person to notify in the event of injury or illness is:

ALTERNATE CONTACT PERSON _____

PHONE

STUDENT'S MOST RECENT MEDICAL HISTORY:

ALLERGIES _____

MEDICATION BEING TAKEN _____

PHYSICAL IMPAIRMENTS _____

VACCINATIONS OR BOOSTER SHOTS *IN THE PAST YEAR* _____

SERIOUS ILLNESS OR ACCIDENTS *IN THE PAST YEAR* _____

OTHER PERTINENT INFORMATION _____

This form will be in the possession of the youth minister or other leaders at all events throughout the year. You don't need to fill out another one until the fall of 2012.

If there are any changes to any of the information above, it will be your responsibility to resubmit a form with the correct information to Bob McMorro before the event.