

# Emergency Medical Authorization Form for Teens Under 19 (fill out if you have not done so this year)

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 2019.

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 Elise Martinez before the event.