

2009-2010

Medical & Insurance Information

Permission for Treatment

A copy of this form will be considered as the original Church of the Master United Church of Christ Florissant, MO 63033

(Name of Minor) _____

_____ does hereby authorize and empower (Parent or Legal Guardian)

the Pastor, Youth Coordinator, Youth Sponsor or other authorized representative of Church of the Master United Church of Christ, to take action as in his/her opinion, shall be necessary for the welfare of above named minor including without limitation, medical and/or surgical treatment; and the undersigned will pay or reimburse any and all costs and expenses which are not covered by insurance.

Name of Parents/Guardians _____

Home Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

PLEASE FILL IN THE FOLLOWING INFORMATION

Name of Minor _____ Birth Date _____

Medical Complications, if any _____

Blood Type _____ Allergies (medications/substances) _____

Emergency Contact _____ Phone _____ (other than parent)

Family Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

If Group Insurance, Company or Group _____

Is your child presently being treated for an injury or illness or taking any form of medication for any reason? Yes _____ No _____ (If yes, please explain) _____

Does your child require a special diet? Yes _____ No _____ (If yes, please explain) _____

Does your child have (or has he/she ever had) any of the following (circle and explain below)

Seizure disorders Asthma Heart Murmur Diabetes Hay Fever/Allergies Kidney Disease Other

Does your child know how to swim? _____

I realize that every effort will be made to contact me in an emergency situation involving my child. In the event I cannot be contacted I hereby authorize the emergency treatment, administration of anesthesia, and surgical treatment (s) for the above named minor. Furthermore, I release from responsibility and liability hospital/medical authorities for performing procedures deemed necessary, and Church of the Master United Church of Christ, inclusive of its representatives.

Signature _____ Date _____
(Parent or Legal Guardian)

State of Missouri,
County of St.Louis ss. On this _____ day of _____, 200 _____,

Before me personally appeared _____
(Print parent or legal guardian name)

to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

IN TESTIMONIE WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first written above.

Notary Public

My term expires _____

THIS FORM MUST BE NOTARIZED IF IT IS TO BE VALID