

MEDICAL EMERGENCY AUTHORIZATION

Name: _____ Phone Number: _____

I HEREBY AUTHORIZE THE Lay Director or designated adult to supervise the taking of prescription medications my child will be bringing with him/her to the retreat. Please list here:

I hereby authorize the Lay Director or designated adult to transport my child to the nearest hospital if reasonably necessary and to hospitalize him/her for a medical emergency and to contact me immediately. Furthermore, I hereby authorize the physician(s) to carry out any diagnostic procedure(s), treatment(s) or necessary emergency care, as may be pertinent to the immediate condition deemed imperative to stabilize my child's condition. Any further non-emergency care will be undertaken at my discretion after I have been contacted.

Date: _____ Signed: _____

Parent Signature (Required if youth is less than 19 years of

age)

In the event that I cannot be immediately reached, I am adding a second contact telephone number.

Name of Emergency Contact Person: _____

Relationship: _____ Phone: _____

NOTE: Please be sure that your child has a copy of his/her insurance card with him/her.