

SHAWNEE HILLS BAPTIST CHURCH

Emergency Medical Authorization

Name of child \_\_\_\_\_ Sex \_\_\_\_\_
Birthday \_\_\_\_\_ Child's Social Security # \_\_\_\_\_
Names of Parents or Guardians \_\_\_\_\_
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Places of Employment:

Father \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_
Mother \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Authorized persons to assume responsibility when parent or guardian cannot be reached:

- 1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician or Pediatrician \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital Preference \_\_\_\_\_
Address \_\_\_\_\_

Insurance that applies to child \_\_\_\_\_
Policy # \_\_\_\_\_ Policyholder's Social Security # \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Relevant medical factors including allergies, medications and physical impairments: \_\_\_\_\_

Part 1 CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT

In the event my/our child needs to be transported by ambulance or emergency vehicle, I/we authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by a local doctor or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Signatures of parents or Guardians \_\_\_\_\_

Part 2 REFUSAL TO CONSENT

(NOTE: Do NOT complete part 2 if you have completed part 1.)

I/we do not give my/our consent for emergency medical treatment or emergency transportation of my/our child. In the event of illness or injury requiring emergency treatment, I/we wish the church sponsors to take no action, or to: \_\_\_\_\_

Date \_\_\_\_\_ Signatures of parents or Guardians \_\_\_\_\_