

**Authorization for Treatment/Medical Release Form
Year 2018-19 – Lakewood UMC**

Youth Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____

Parent/Legal Guardian Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

If parents cannot be contacted please call:

Name _____ Phone (____) _____ Relation _____

Medical Information

Doctor _____ Phone Number _____

Insurance Company _____ Group or ID # _____

Date of Last Tetanus Shot _____

Circle or list any medications we **SHOULD NOT** administer to your child:

Aspirin Ibuprofen Motrin Antihistamine(Benadryl, etc.) Pepto Bismol Any Other Meds: _____

Medical Conditions or Allergies

Current Prescription Medication Information

Other Comments or Information

Authorization for Emergency Care

We, the undersigned parent(s) or guardian(s) of _____, do hereby grant permission for my son/daughter to travel with representatives of Lakewood United Methodist Church (UMC). If deemed necessary for my child's health, I (we) authorize the following representatives of Lakewood UMC to consent to any examination, x-ray, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any physician or surgeon, licensed staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

1. Sheridan Amerling
2. Anna Ewing
3. Amanda Figart
4. Brandon Foster
5. Cami Foster
6. David Henderson
7. Jeffrey Jacqmein
8. Jeffrey Johnson
9. Molly Rhoden
10. Mindy Wilcox

In any case all such expenses shall be paid by the parent except where covered by the Accident Insurance Policy.

Parent/Guardian Signature _____ Date _____

Witnessed _____ Date _____

Notary Seal:

Responsibility Clause

I understand that if _____ willfully and knowingly acts in a manner which endangers his or her life or the life of another person or acts in destructive manner that is judged uncontrollable by the counselors and youth director then the Adult Leadership of Lakewood United Methodist Church may contact me at any hour of the day to arrange for the immediate return home of my child at my expense.

Parent/Guardian Signature _____ Date _____

Please attach to this sheet a photocopy of your child's medical insurance card and a photocopy of a state issued identification card or passport.

Both must be clear and legible copies.

Your child will not be allowed on any out of town trips without this notarized form filled out completely and photocopies of both their insurance card and state issued ID. A school ID will not suffice. A state issued ID can be obtained at a local driver's license office.