

MEDICAL AUTHORIZATION FORM

Authorization Form for Youth to Participate in Church Activities and Receive Emergency Medical Care

I hereby grant authorization for my son(s), daughter(s), \_\_\_\_\_

\_\_\_\_\_

to participate in youth activities sponsored by River Road Presbyterian Church until a written withdrawal of such authorization is delivered to the Director of Youth.

I grant authorization for my son(s), daughter(s) to leave the church premises under the supervision of volunteer youth leaders or church staff.

I hereby grant authorization for any adult leader or church staff to take whatever steps may be necessary to obtain such emergency medical care as may be deemed warranted. As soon as reasonable under the circumstances existing at the time, a youth leader or church staff person will take the following steps:

- 1. Attempt to contact parent or guardian listed below.
- 2. Attempt to contact alternate person listed below.
- 3. Attempt to contact child's physician listed below.

If the designated parent or guardian, alternate contact person, or physician cannot be contacted after making a reasonable effort to do so under circumstances existing at the time, a youth leader or church staff person is authorized to do one of the following if such is deemed warranted by injuries or suspected injuries:

- 1. Call an ambulance.
- 2. Have the child taken to the emergency hospital by one of the River Road Presbyterian Church youth leaders, church staff, or other responsible person designated by any youth leader or church staff.
- 3. Allow on-site emergency medical aid to be administered by a licensed physician or emergency medical personnel serving the area where the aid is to be administered. Any expenses incurred in reasonable compliance with conditions set out above will be borne by the youth's family.

Phone number: (Home) \_\_\_\_\_  
 (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_  
 (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holders Name \_\_\_\_\_

Please list below any special medical conditions or allergies that should be known by youth leader or church staff:

(initial)

I hereby give my permission for pictures of my child taken during RRPC Youth events to be used by RRPC in print, electronic, or other media.

\_\_\_\_\_  
Parent(s) or guardian(s) signature)

\_\_\_\_\_  
(Date)