

YOUTH GROUP

Emergency Medical Authorization

We, the parents of (child's name) _____, give permission to HCC Youth group staff to obtain and consent to medical treatment for our child in the case of emergency for the year _____.

Parent/guardian's name

Date

CURRENT MEDICAL INFORMATION

Insurance Provider:

ID#: _____ **Group #:** _____

Doctor: _____ **Phone #:** _____

Current Medications:

Current Medical Conditions:

Date of Last Tetanus Vaccination:

Allergies:

Other Pertinent Medical Information:

PARENT INFORMATION

Daytime Phone:

Evening Phone:

Emergency Contacts (Name and phone#)

- 1.
- 2.
- 3.