



Child's Last Name, First Name _____

REFORMATION LUTHERAN CHURCH YOUTH MINISTRY MEDICAL AUTHORIZATION & PERMISSION FORM

MEDICAL AUTHORIZATION TO TREAT A MINOR:

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

LIST ANY RESTRICTIONS: _____

ALLERGIES TO DRUGS AND/OR FOODS: _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION: _____

FAMILY PHYSICIAN: _____ **PHONE:** _____

ADDRESS: _____

INSURANCE COMPANY: _____ **POLICY NO.** _____

MINOR'S BIRTHDATE: _____ **LAST TETANUS TOXOID BOOSTER:** _____

PERMISSION:

Further, I (we) the undersigned parent, parents or legal guardian also give permission to the above named minor to participate with other youth from **Reformation Lutheran Church** at the following:

NAME OF SPECIAL EVENT:	Youth Events
LOCATION OF SPECIAL EVENT:	Varies
DATE(S) OF SPECIAL EVENT:	May 1, 2008 – April 30, 2009

FATHER'S NAME (OR LEGAL GUARDIAN): _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

FATHER/MOTHER CONTACT INFO _____ **(HOME)** _____ **(EMAIL)**
_____ **(CELL)**

SIGNATURES: I (we) the undersigned, have read each and every provision and fully understand the foregoing document.

DATE

FATHER (OR LEGAL GUARDIAN)

MOTHER (OR LEGAL GUARDIAN)