

Health Care Authorization – Minor

TO: Whom It May Concern

RE: Minor’s Name: _____

Minor’s Date of Birth: _____

This is to confirm that the undersigned _____ parents or guardians of _____ (minor’s name), identified above, have authorized said child to participate in any or all Walnut Hills United Methodist Church sponsored activities, on or off premises, for a period of time beginning August 1, 2008 through August 1, 2009.

This will further confirm that we have authorized the Walnut Hills’ staff and adult volunteers to authorize such medical care and treatment for said child as they may deem necessary or advisable at any time during participation in church sponsored activities.

We further authorize the Walnut Hills’ staff and adult volunteers to contract with any physician, clinic, hospital or other health care facility to provide medical care and/or treatment for said child on our behalf when, in their judgment, it is necessary or advisable.

This will also confirm that medical insurance coverage is provided for said child. The following information is provided to assist in making a claim against our insurance coverage, should that become necessary.

Health Insurance Provider (name, address and phone):

Policy #: _____ Insured SSN or ID# _____

Minor’s Physician: _____ Phone #: _____

On the back of this form, please identify any allergies/special health conditions/special needs to be aware of and/or medications minor is currently taking.

Signature of Parent/Guardian:

X _____ **Date:** _____

Print Name: _____

Address (city, state, zip): _____

Phone # (day): _____ (evening) _____

Cell Phone #: _____

Friend or relative to contact in an emergency: _____

Relationship: _____ Phone #: _____

Please identify any allergies or special health concerns/problems:

Please explain any learning problems or special needs:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>
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Date of last tetanus shot: _____