

Evangelical United Church of Christ
204 East Lockwood Avenue
Webster Groves, Missouri 63119

Emergency Medical Treatment Permission Form Valid September 1, _____ to August 31, _____

To Whom It May Concern:

As parents and/or legal guardian, I herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by telephone at the number listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases Evangelical United Church of Christ including its staff, officers and members from any liability therefore.

I also understand that ALL medications will be reported to the designated adult sponsor prior to departure to church sponsored events including dosage and frequency of use. Failure to do so will result in the return home of the minor at my expense.

Please print or type:

Name of minor _____ Birth date _____

Parent/Guardian _____

Address _____ Email _____

Telephone home _____ work/cell _____

Family Physician _____ Telephone _____

Specific medical allergies, chronic illnesses, or other conditions we should know about:

Date of last tetanus inoculation _____

Health insurance company _____ Policy No. _____

Emergency contact(s): _____

Telephone number(s) _____

This form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____