

Teens Encounter Christ

Parental Authorization/ Medical Information & Emergency Form

Student/Minor:

Name(first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

Name _____ Phone (____) _____

Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications _____

List any food allergies or special diet needs _____

List any medications/dosages the student/minor is taking: _____

Other pertinent medical information: _____

Date of student/minors most recent tetanus shot: _____

Medical Insurance Information:

Company _____

Plan # _____ Employee ID# _____

Emergency Contacts:

Parent Name (first, middle, last): _____

Phone#(____) _____ Alternate phone # _____

Other Contact

Name (first, middle, last): _____ Phone#(____) _____

Relationship (relation, friend, neighbor, etc.) _____

Authorization for Emergency Medical Treatment

I, _____ (parent/guardian), understand that in the case of illness or injury to my child _____ (child's name), officials from Teens Encounter Christ will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to The officials of Teens Encounter Christ to 1.) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2.) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date