

**ELEVATE STUDENT MINISTRY OF LIBERTY HEIGHTS CHURCH
EMERGENCY MEDICAL AUTHORIZATION**

NAME: _____ GRADE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ AGE: _____ SEX (M/F): _____ PHONE: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, when parents or guardians cannot be reached.

FATHER'S NAME: _____ WORK PHONE: _____ HOME: _____
MOTHER'S NAME: _____ WORK PHONE: _____ HOME: _____
FATHER CELL: _____ MOTHER CELL: _____ PAGER: _____

INSURANCE INFORMATION

INSURED'S NAME (PARENT WHO CARRIES THE INSURANCE): _____
INSURANCE COMPANY'S NAME: _____ PHONE: _____
GROUP #: _____ POLICY # (SOCIAL SECURITY # OF INSURED): _____

In case of a Medical Emergency, or misconduct of my child/youth, in which a parent or guardian cannot be reached, please call:

NAME: _____ RELATION: _____ PHONE: _____

Please list any medical information pertinent to your child/youth (i.e.: allergies, current medications, physical limitations): _____

In the event of a medical emergency, I understand that every effort will be made to contact the above listed persons. In the event that none of the above can be reached, I hereby give permission to any competent and licensed medical personnel to transport, hospitalize, and secure proper treatment, order proper injection, anesthesia, and surgery for the above-named child/youth.

I also give permission for the above-named student to be transported from home and church property, to and from church-related activities, socials, retreats, and any other applicable events and trips sponsored by Liberty Heights Church. I also understand that transportation can extend out of the State of Ohio and I hereby give the above named child/youth permission to travel outside those boundaries with Liberty Heights Church.

I also understand that if the above named student does not have parental or guardian permission to travel to participate in an event but still participated and attends, it will be assumed that Liberty Heights Church is unaware and not at fault.

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____
ADDRESS: _____
