

First United Presbyterian Church, Bellefontaine, Ohio
Medical Authorization Form

Authorization Form for Children and Youth to Participate in Activities and Receive
Emergency Medical Care

I hereby grant authorization for my child/youth, _____ to participate in youth activities sponsored by First United Presbyterian Church until a written withdrawal of such authorization is delivered to the appropriate church staff.

I grant authorization for my child/youth to leave the church premises under the supervision of volunteer leaders of church staff.

I grant authorization for my child/youth to travel in a van, bus, or car driven by an approved adult.

I hereby grant authorization for any adult leader of the youth group or church staff to take whatever steps may be necessary to obtain such emergency medical care as may be deemed warranted. As soon as reasonable under the circumstances existing at the time, a youth leader or church staff person will take the following steps:

1. Attempt to contact parent or guardian listed below
2. Attempt to contact alternate person listed below.
3. Attempt to contact child's physician listed below.

If the designated parent or guardian, alternate contact person, or the physician cannot be contacted after making a reasonable effort to do so under circumstances existing at the time, a youth leader or church staff person is authorized to do one of the following, if such is deemed warranted by injuries or suspected injuries:

1. Call an ambulance.
2. Have the child taken to the emergency hospital by one of the First United Presbyterian Church youth leaders, church staff, or other responsible person designated by any youth leader or church staff.
3. Allow on-site emergency medical aid to be administered by a licensed physician or emergency medical personnel serving the area where the aid is to be administered. Any expenses incurred in reasonable compliance with conditions set out above will be borne by the child/youth's family.

Parent or guardian signature _____ date

In case of emergency, I can be contacted at the following address: _____

Phone number (home): _____ (work) _____ (cell) _____

Alternate Contact Person: _____ (relationship) _____

Phone number (home) _____ (work) _____ (cell) _____

Physician and phone number: _____

List any special medical conditions or allergies that should be known by leaders or church staff:

Date of Last Tetanus Booster: _____

Current Medications: (use back if necessary) _____

Attach medical history if needed.

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