

**EMERGENCY MEDICAL AUTHORIZATION
ST. JOHN LUTHERAN CHURCH
1100 N Main St, Celina OH 45822 419-586-2332**

This Emergency Medical Authorization is valid from June 1, 2016 through May 31, 2017.

PURPOSE - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured when parents or guardians cannot be reached.

Name of Youth _____

Address of Youth _____

Parent or Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Other Parent or Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

PARENT OR GUARDIAN AUTHORIZATION

In the event reasonable attempts to contact me at the above phone numbers have been unsuccessful, I hereby give permission to the physician selected by the St. John Lutheran Church counselors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted are listed below.

Medical history _____

Insurance Company: _____ Group Number: _____

Signature of Parent or Guardian

Date

(Please attach a copy of the front and back of your insurance card)

PARENT AND STUDENT RELEASE STATEMENT

I/We understand all reasonable safety precautions will be taken at all times by St. John Lutheran Church and its agents during Church events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold St. John Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on Church activities. I also understand that there is no Medical Pay coverage provided to passengers and /or drivers of vehicles rented by St. John Lutheran Church and that our personal Medical/Health Insurance would cover any injuries incurred while riding/driving in such a vehicle.

Parent/Guardian Signature _____ Date _____