Regular Youth Complete Annually

Martins Mennonite Church
Emergency Medical Authorization
Youth Ministry _____

Purpose: to enable parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while attending MMC activities when parents or guardians cannot be reached.

Name _____ Date of Birth _____
Address _____
City, State, Zip _____ Home phone _____

Mother's Name _____ Cell phone _____
Father's Name _____ Cell phone _____
Guardian (if applicable) _____ Home phone _____

Name of other person to contact in an emergency _____
Address _____
Phone _____ Relationship _____

Doctor _____ Office phone _____
Dentist _____ Office phone _____
Medical Specialist _____ Office phone _____
Local Hospital _____ phone _____

PART I OR PART II MUST BE COMPLETTED

PART I TO GRANT CONSENT
In the event of reasonable attempts to contact me, other parent, or guardian have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical specialist, or in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____
_____
_____

Signature of Parent or Guardian _____ Date _____

PART II REFUSAL TO CONSENT (Do not complete if you completed PART I)
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:
_____
_____
_____

Signature of Parent or Guardian _____ Date _____