

**North Clinton Church  
Senior High Youth Ministry  
EMERGENCY MEDICAL AUTHORIZATION /GROUP OUTING LIABILITY RELEASE**

Name of Youth \_\_\_\_\_ SS# (OPTIONAL) \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Medical Permission**

In case of emergency or injury while participating with the North Clinton Senior High Youth Ministry, we need your parent's/guardian's approval to administer medical treatment or secure hospitalization.

**Parental Consent**

In case of emergency, contact the undersigned parent/guardian at:

Home Phone: ( ) \_\_\_\_\_

Father Work: ( ) \_\_\_\_\_

Mother Work: ( ) \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to receive proper medical treatment or hospitalization in case of emergency or illness.

(preferred physician) Dr. \_\_\_\_\_ Phone \_\_\_\_\_

(preferred dentist) Dr. \_\_\_\_\_ Phone \_\_\_\_\_

or in the event the preferred physician is not available, another licensed physician or dentist may administer treatment and the transfer of my child to (preferred hospital) \_\_\_\_\_

Address \_\_\_\_\_ or any hospital reasonably accessible.

Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

Precertification phone #( ) \_\_\_\_\_ if necessary

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.

**Basic Medical Information**

I am allergic to: (check if applicable)

milk products\_\_\_\_ egg products\_\_\_\_ foods (please list)\_\_\_\_\_

\_\_\_\_bee stings wasp stings\_\_\_\_ other\_\_\_\_\_

I am allergic to the following medication: (check if applicable)

penicillin\_\_\_\_ aspirin\_\_\_\_ sulfa\_\_\_\_

other medication (specify)\_\_\_\_\_

I am subject to: (check if applicable)

frequent fainting\_\_\_\_ sleep walking\_\_\_\_ heart condition\_\_\_\_

high blood pressure\_\_\_\_ Diabetes Type I \_\_\_\_ Diabetes Type II \_\_\_\_

Medication taken for above conditions: \_\_\_\_\_

I received my last tetanus shot: \_\_\_\_\_month/year

I take the following prescribed medications & dosage\_\_\_\_\_

Other medical conditions (please explain)\_\_\_\_\_

**Group Outing Release**

\_\_\_\_\_ has my permission to participate in group outings. I completely understand that I will not hold the North Clinton Church, Wauseon, or the people involved, including drivers with this outing liable/responsible for any injuries or accidents that occur.

Youth Signature\_\_\_\_\_Date\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_