

\*\*\*FOR USE 9/1/1\_\_ THROUGH 9/30/1\_\_

**GRACE LUTHERAN CHURCH- LAGRANGE, IL**  
**Medical Authorization Form**

I give \_\_\_\_\_, my son/daughter permission to travel with GRACE LUTHERAN CHURCH, YOUTH PROGRAM LEADERS for the purpose of attending either the High School or Middle School/Junior High (circle one) Youth activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Emergency Contact Information:**

If case of emergency, please contact:

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

If no one at the previous mentioned household can be contacted, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Medical Information:**

Child's Birthday: \_\_\_\_\_

Please list any medication your child is currently taking: \_\_\_\_\_

Please list any medication your child is allergic to: \_\_\_\_\_

Please list any health problems your child has that supervising adults should be aware of (example diet restrictions, diabetes, asthma, broken bones) \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Treatment Authorization:**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital, by a licensed physician, should his/her condition require it in **my** absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here (IF NONE, WRITE NONE)

\_\_\_\_\_  
I /We authorize GRACE LUTHERAN CHURCH, YOUTH PROGRAM LEADERS, to administer either non-prescription or prescription medicine to my child as needed according to the instructions on the container.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date