

LAKE SHORE PRESBYTERIAN CHURCH
MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

In the event that your child would become sick or injured while at a church event or on a field trip, please check the appropriate statement below and sign. A copy of your medical insurance card will be needed and kept with this form. Thank you.

_____ **YES**, I give permission for the church leaders or other qualified personnel to seek or administer medical treatment to my child.

If “**YES**,” please include the following:

1. Child's Name _____
2. Date of Birth _____
3. Insurance Name and Number _____
4. Emergency Contact Telephone Number _____
5. Medication(s) _____ Allergies: _____

6. Medical Conditions (if any) _____

_____ (Parent/Guardian Signature) _____ (Date)

NOTE: If at any time the above information changes, please notify the youth leader and complete another form for the file.

_____ **NO**, I do not give my permission for anyone to seek or administer medical treatment to my child.

If “**NO**,” please include emergency contact telephone

Number(s): _____

_____ (Parent/Guardian Signature) _____ (Date)