

Risen Savior Lutheran Church
3031 W. 144th Ave.
Broomfield, CO 80023

2019 MEDICAL AUTHORIZATION FORM

NAME OF YOUTH _____ Birth Date _____ Youth Age _____

Home Phone Number _____ Preferred Email _____

PREFERRED EMERGENCY CONTACTS:

1. Parent/Guardian Name: _____ Phone (Home/cell): _____

2. Parent/Guardian Name: _____ Phone (Home/cell): _____

3. Other - Name: _____ Phone (Home/cell): _____

Relationship to youth: _____

EMERGENCY MEDICAL INFO:

Insurance Co: _____ Phone number: _____

Policy Holder: _____ Employer: _____

Policy or Group Number: _____

Doctor Name: _____ Phone number: _____

Medical Conditions: Allergies: _____ Asthma _____ Diabetes _____

Any other Concerns: _____

Medications being taken (please include over-the-counter drugs):

Dosage Instructions if needed: _____

Other helpful information: _____

PERMISSION FOR EMERGENCY PROCEDURE: In the event of an emergency, Risen Savior Lutheran Church counselors or staff will attempt to secure needed emergency medical assistance and then contact the parent/guardian. If this is not your desired plan, PLEASE note the desired procedure in the space below. **(Please check both statements)**

- Yes No I hereby authorize a counselor or staff, as an agent for me, to consent to emergency medical care including x-ray, examination, medical, dental, or surgical diagnosis, treatment, and hospital care.
- Yes No I hereby authorize a physician selected by a counselor or staff to hospitalize, secure proper treatment, and order injection, anesthesia, blood transfusion or surgery.

If either of the above directives were answered "no," the following procedure is to be followed: _____

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY!

PERMISSION GRANTED AS PRESCRIBED ABOVE: (Please give both signatures if you are able) Date: _____

Parent/Guardian Signature: 1. _____ 2. _____

Parent/Guardian name printed: 1. _____ 2. _____

I hereby witness and affirm the fact that this form is signed by the parent or guardian.

State of Colorado County of _____

The foregoing instrument was acknowledged before me on the _____ day of _____, 20____.

Witness my hand and official seal.

My commission expires: _____

My signature: _____

My seal: