

**FIRST PRESBYTERIAN CHURCH  
EMERGENCY MEDICAL CARE AUTHORIZATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (mm/dd/yyyy)

Mother's Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Pager) \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Pager) \_\_\_\_\_

**Emergency Contacts (whom your child may be released to if you are not available (PICTURE I.D. WILL BE REQUIRED TO RELEASE CHILD TO ANYONE OTHER THAN PARENT(S)):**

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Pager) \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Pager) \_\_\_\_\_

**Child's Doctor (usual source of medical care):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**Child's Health Insurance:**

Name of Provider \_\_\_\_\_ Group# \_\_\_\_\_

Subscribers Name \_\_\_\_\_

**Special Needs, Allergies, Conditions or Vital Information in Case of an Emergency:**

\_\_\_\_\_  
\_\_\_\_\_

**Parental/Guardian Consent:**

As parent/guardian, I give full consent to have my child receive first aid by staff members and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by my insurance. In case of an emergency, when I cannot be reached, I give consent for either of the emergency contact persons listed above, or the staff of First Presbyterian Church to act on my behalf to authorize necessary medical treatment until I am available.

Date \_\_\_\_\_ Parent's signature \_\_\_\_\_