

## Medical Authorization Form

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Parent/Guardian Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Family Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Phones: Cell Phone \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

**Important Medical Information** that a care giver should know, such as, conditions, physical limitations, allergies, or any special health or behavioral considerations:

Current prescription or non-prescription medications authorized for use:

Is this person normally aware of his/her own health care needs?

Yes \_\_\_ No \_\_\_ Comments:

My son/daughter has permission to engage in all youth gathering activities. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by my child's home group leader and/or the youth gathering official to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above.

\_\_\_\_\_  
Signature Date

A copy of this form should be kept with the leader. A copy of the student's insurance card should also be attached.

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