

Medical Treatment Authorization

Name of Minor: _____ Date of Birth ____/____/_____

We, the undersigned parent(s) or legal guardians(s) of the above-named minor, know that I may not be available to authorize medical care of said minor during Round Hill Youth Ministry activities and authorize the appointed Youth Ministry Activity supervisor to seek and consent to emergency medical care. I understand that Round Hill Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify Round Hill Church in writing of any health changes that would restrict my minor's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my minor from any activity that they do not feel is within the physical or mental capabilities of my minor.

Family Physician: _____

Family Physician Phone Number: _____

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Signature of Parent/Guardian: _____

Date: ____/____/_____