

EMERGENCY MEDICAL AUTHORIZATION

Covenant United Methodist Church
15515 N. Gleneden Drive, Spokane, WA 99208
509.466.1768

Return form to Church Office or Youth Director
Additional forms available at website: www.covenantmethodist.org

Student Name

Cell phone

Birthdate / Age / Grade

Mother / Guardian Name

Home Phone

Work Phone

Cell Phone

Father / Guardian Name

Home Phone

Work Phone

Cell Phone

Doctor's Name

Phone Number

Dentist's Name

Phone Number

Medical Insurance

Phone Number

ID Number

Name and phone number of person to notify if Parent / Guardian cannot be reached

Allergies / Current Medications

Date of last Tetanus shot

Special Instructions / Concerns

I give permission for Church staff or adult chaperones to direct emergency medical care for my child.
(circle one) Yes No

I give permission to transport to the nearest medical facility if unable to immediately reach Parent/Guardian.
(circle one) Yes No

As the parent / guardian of the student named above, I:

1. Acknowledge the Emergency Medical Authorization information to be truthful and accurate and authorize emergency medical care for my child as provided above.

2. Understand that this is a "global" authorization related to all Church and Youth Group activities and will remain in effect until revoked in writing delivered to the Church or until replaced or updated.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date