

**Troy FUMC Youth  
Medical Authorization Form  
2013-2014**

(Form to be Taken on All Trips)

**Personal Information**

Name (First, Middle Last)	Age	Date of Birth

Parent(s)/Guardian(s)	Phone Number

Address	City	State	Zip Code

**Medical Information**

Doctor's Name	Doctor's Number

Dentist's Name	Dentist's Number

Specialist Name	Specialist Number

Medical Carrier	Policy Number	Holder's Name

Are there any physical, mental, emotional, chronic conditions we need to be aware of?

Allergies	Medications	Dosage & Frequency

**Medical Authorization**

If professional medical care is required, I may be contacted through the following

Cell	Home	Work

In the event reasonable attempts to contact me have been unsuccessful, medical treatment may be rendered to my child. I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical and dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental service to the aforementioned child pursuant to this authorization.

**Transportation**

I give permission for my child to ride in any vehicle designated by the adult in whose care that minor had been entrusted while attending and participating in activities sponsored by Troy First United Methodist Church. If it becomes necessary for my youth to come home for any medical or disciplinary reason, I agree to provide transportation and do so at my own expense.

**Photo & Video Consent**

I give permission for my child to be photographed or videotaped by the Troy FUMC for use in displays for the sole use of the church.

**Agreement**

The information on this form is accurate and I agree to all conditions asked of me.

Parent/Guardian	Signature	Date