

**ST. CLARENCE YOUTH MINISTRY 2011-2012 EMERGENCY MEDICAL FORM**

**\*\*This only needs to be filled out once for the entire 2011-2012 school year\*\***

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Part I or Part II must be completed**

Full Name of Youth: \_\_\_\_\_

**Part I AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event reasonable attempts to contact me, \_\_\_\_\_ (parent/guardian), at \_\_\_\_\_ (phone) or \_\_\_\_\_ (other phone), or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I, as the parent or legal guardian of \_\_\_\_\_ (youth's name) do hereby give my consent for St. Clarence staff, or other adult representatives of St. Clarence Youth Ministry (1) to seek medical attention and treatment deemed necessary by: Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone), and/or Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone), or in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) I give permission to transfer my child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists concur on the necessity for such surgery and are obtained before surgery is performed. My health insurance carrier is \_\_\_\_\_. Name of policyholder is \_\_\_\_\_. Policy/group/member/claim number is \_\_\_\_\_.

Please list any medical conditions, special physical or dietary needs/allergies; or prescription drugs we need to be aware of: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Part II REFUSAL TO CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the St. Clarence staff and other adult representatives of St. Clarence Youth Ministry to take no action or to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date