

**Authorization for Emergency Medical Care
Plymouth Congregational Church
Christian Education Program**

PLEASE PRINT

I, (guardian)_____ hereby Authorize a representative of Plymouth Congregational Church to give consent for the emergency treatment of my child _____ in the event of illness or injury.

This authorization is effective September 2006 – June 2007.

I understand that I will be notified AS SOON AS POSSIBLE if my child requires medical attention.

Our child's primary physician is_____ and that phone number and address are:

Phone - _____

Address - _____

List of current medications – NO MEDICATION WILL BE GIVEN TO YOUR CHILD DURING THESE EVENTS BY ANYONE OTHER THAN YOU.

Allergies - _____

Relevant Medical history/information -

Date of last tetanus shot - _____

Insurance name and policy information –

Parent/guardian name/s

phone numbers (home, work, cell)

h _____

w _____

c _____

Parent/Guardian signature and Date:

_____ Date: _____

Plymouth Congregational Church
Christian Education Program

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