



Youth Ministries

Medical Authorization Form

I, _____ authorize Jim Hurst (or other adult leader)
(parent, volunteer, or participant)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below.

Trip/Activity: _____ Date of Trip/Activity: 9-01-2009 thru
Youth Activities _____ 8-30-2010 _____

Youth Participant Name: _____ Date of Birth: _____
Address: _____ Home Telephone#: _____
_____ Email: _____

Mother/Guardian's Name (of Youth): _____ Father/Guardian's Name (of Youth): _____
Work Telephone#: _____ Work Telephone#: _____

Additional Emergency Contact: _____ Telephone#: _____

Participant's Physician: _____ Telephone#: _____
Address: _____

Allergies/Medications

Health Problems or Concerns

Participant's Medical Insurance

Carrier: _____ Policy#: _____
Address: _____ Telephone#: _____

*Note: Youth will not be permitted to participate in off-site events without a completed form.