

Medical Authorization Form*

I, _____ authorize _____ to
(volunteer participant or parent) (adult leader on trip)

consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me/my child 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: _____

Participant Name: _____ Date of Birth: _____

Address: _____ Home Telephone#: _____

Mother's Name (Youth): _____ Father's Name (Youth): _____

Work Telephone#: _____ Work Telephone#: _____

Additional Emergency Contact: _____ Telephone#: _____

Participant's Physician: _____ Telephone#: _____

Address: _____

Date of last tetanus shot: _____ Permission for tetanus booster if warranted based on a physician's recommendation: Yes No

Allergies/Medications

Health Problems or Concerns

Participant's Medical Insurance

Carrier: _____ Policy#: _____

Address: _____ Telephone#: _____

*Note: Child/youth will not be permitted to participate in off-site events without a completed form
Revised 9/19/06