

# Medical Authorization Form and Permission Slip

The Fork Church "YAC" (High School) Youth Group  
sponsored by The Fork Church, Doswell, VA

EFFECTIVE DATES: *September 1, 2011 to August 31, 2012*

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Allergies/special health concerns/medications/dietary needs:

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Surgery or serious illness history:

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insured's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

## PERMISSION STATEMENT

My child may participate in Fork Church YAC Group events, including travel during those events via automobile driven by an adult chaperone/leader who is age 21 or older with a valid driver's license. I give permission for my child to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's health and safety while at YAC events, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child. I release Fork Church and its representatives from liability in the event of accidental injury or illness.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_