

(APPENDIX 2)

HASLETT COMMUNITY CHURCH  
**PARENTAL MEDICAL AUTHORIZATION FORM**

I give permission to any adult in charge of any Haslett Community Church event at which my child is present to secure emergency medical/surgical treatment and provide non-surgical medical care for my child as he or she deems necessary. Furthermore, I release Haslett Community Church from any liabilities concerning my child's participation in any church-sponsored events.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to contact if parent(s) not available.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

List any allergies or health problems \_\_\_\_\_  
\_\_\_\_\_

List any prescription drugs your child is taking. (include dose and frequency) \_\_\_\_\_  
\_\_\_\_\_

List over the counter medications your child may take. (i.e., Tylenol for a headache) \_\_\_\_\_  
\_\_\_\_\_

Hospital preference for non life-threatening situations:  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_