

## Parental Authorization for Treatment of a Minor Child

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services for the youth as are reasonably indicated by the circumstances.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Phone numbers where parent or guardian can be reached during the trip:

Home: \_\_\_\_\_ Other: \_\_\_\_\_

**Name, Relationship & Phone Number(s) of Emergency Contact(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last tetanus:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**(Please bring your health insurance card with you.)**

**GROUP LEADERS – PLEASE COPY THESE FORMS AND BRING THEM WITH YOU TO THE WORK SITE!**