

Authorization for Youth Outing and Emergency Medical Treatment for Minor Child

I, _____ residing at _____
City of _____, Connecticut, am the _____ (father, mother/legal guardian)
of _____, a minor residing at _____
City of _____, Connecticut, who attends church functions through The Worship Center, which holds it's Sunday
services at RHAM High School, 85 Wall Street, Hebron, & Church Offices & Timothy Hall are located at 39 Prentice Hill Road,
Hebron, Connecticut. I hereby give my consent, in the event that all reasonable attempts to contact me at (____) - ____ - ____
or _____ (name of other Parent/Guardian) at (____) - ____ - ____ have been unsuccessful, for the
(1) Administration of any treatment deemed necessary by Dr. _____ / Phone: _____ (preferred Dentist) or
Dr. _____ / Phone: _____ (preferred Physician) or, in the event the preferred practitioner is not available,
by another licensed physician or dentist, (2) The transfer of the child to _____ (preferred hospital) or any
other hospital reasonably accessible. This authorization does not include major surgery, unless the medical opinions of two other
licensed physicians or dentists are concurring in the necessity for such a surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical history:

Allergies: _____
Medication(s) being taken: _____
Date of last tetanus shot: _____
Physical impairments: _____
Any other pertinent facts which a physician should be alerted to: _____
Insurance Carrier _____
Primary Insured _____
Policy or ID# _____ Ins. Co. phone # _____

Disclaimer: **The Worship Center, it's employee, or volunteer will not be liable for any accident or injury that occurs on any activity or outing.**

This authorization will stand until revoked by me in writing:

Dated _____ Signature (Please state relationship) _____

Dated _____ Signature (Please state relationship) _____