

Emergency Medical Authorization

Please print all information

This medical emergency form should be signed by parent or guardian and accompany the child who wishes to participate in the Minnesota District Assemblies of God Kids' Worship Experience.

The purpose of the form is to make it possible for parents and guardians to authorize the provision of emergency treatment for young people who become ill or injured while under district authority. You can authorize such emergency medical treatment for your child by completing this form.

I, _____ of _____ am the
(your name) (address)

_____ of _____, a minor who is
(Father, Mother, or Legal Guardian) (name of child)

attending the 2017 Kids Worship Experience on Saturday, March 11, 2017 at Mount Olivet Assembly of God in Apple Valley (14201 Cedar Ave S, Apple Valley, MN 55124) hereby give my consent, in the event that all reasonable attempts to contact me at _____ or _____
(home phone number) (work phone number)

or _____ at _____ have been unsuccessful, for the
(other parent or relative) (phone number)

administration of any treatment deemed necessary by the appropriate licensed physician or dentist or emergency personnel of the hospital or practitioner not having access to the child's medical history:

Allergies: _____

Medication(s) being taken: _____
(All medications need to be in original containers with dosage information)

Date of last Tetanus Shot: _____

Physical Impairments (Heart, epilepsy, etc.): _____

These may be given if needed: _____ Tylenol, _____ Ibuprofen, _____ Throat Lozenges, _____ Benadryl

Other pertinent facts to which the physician should be alerted: _____

Insurance Co: _____ Policy No: _____

Date: _____
(Signature of parent or legal guardian)

If the church is carpooling to the event, make sure the form is in the car that the child is riding in. DO NOT KEEP ALL THE FORMS TOGETHER IF CARPOOLING. The adult in charge will keep the forms during the event. Do NOT turn these in to registration.