

***MEDICAL TREATMENT AUTHORIZATION FOR A MINOR***

I, \_\_\_\_\_, hereby grant Triad Baptist Church, of 1175 South Main Street, Kernersville, North Carolina 27284, the authority to obtain medical treatment for the following child(ren):

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

Birthdate: \_\_\_\_\_

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective until terminated by the undersigned.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

If the child(ren) become ill, the care provider(s) will first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should contact the following physician:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the child(ren) need hospitalization, the preferred choice is:

Hospital preference: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_