

Authorization for
Kettle Moraine Community Church Outing
And Emergency Medical Treatment for Minor Child

Child's Name: _____

Child's Address: _____

I, the undersigned, am the parent/legal guardian of the above stated minor who attends church or functions of the Kettle Moraine Community Church. I hereby give my consent, in the event all reasonable attempts to contact me at the following telephone numbers have been unsuccessful, for administration of any treatment deemed necessary by a physician at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physician or dentist concur in the necessity for such surgery.

TELEPHONE NUMBER: _____

ALTERNATIVE PHONE: _____

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

Insurance Company: _____

Policy Number: _____ Group Number: _____

Child's Regular Doctor: _____ Phone Number: _____

Medication being taken: _____

Date of last Tetanus Shot: _____

Allergies: _____

Other Information needed:

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

This authorization will stand until revoked in writing. Copies of this authorization shall be kept with the group when traveling away from the church.