

The Anchor Church Authorization for Medical Treatment of a Minor (Valid July 2018-June 2019)



Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Birth date \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City, St & Zip \_\_\_\_\_

Signing Parent/Guardian Cell ( ) \_\_\_\_\_ Emerg. Contact \_\_\_\_\_ Emerg. # ( ) \_\_\_\_\_

Pertinent Medical Info: allergies, health restrictions, medications, etc. (if necessary, continue on other side) \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Health Insurance \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Insurance Mailing Address \_\_\_\_\_

In case either I or the above-named Emergency Contact cannot be reached in the event of emergency illness or injury, The Anchor Church has my permission to procure medical/dental treatment for the above-named minor. I understand that The Anchor Church does not provide medical insurance or reimbursement for medical or dental fees or prescriptions and that I am responsible for any and all costs arising from illness or injury that may occur to the above-named minor during activities with The Anchor Church.

\_\_\_\_\_  
Signature of Parent or Guardian

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

\_\_\_\_\_  
Date

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