

Health Care Authorization Form – Minor



Minor's name: _____

Minor's date of birth: _____

This is to confirm that the undersigned _____ parents and natural guardians of _____ (minor's name), identified above, have authorized our said child to participate in any or all Walnut Hills United Methodist Church-sponsored activities, on or off premises, for a period of time beginning June 7, 2010 through June 7, 2011.

This will further confirm that we have authorized the Walnut Hills United Methodist Church staff and adult volunteers to authorize such medical care and treatment for our said child, as they or any of them may deem necessary or advisable at any time during participating in church-sponsored activities.

We further authorize the Walnut Hills United Methodist Church staff and adult volunteers, or any of them, to contract with any physician, clinic, hospital or other health care facility to provide medical care and/or treatment for our said child, on behalf when, in their judgment, it is necessary or advisable.

This will also confirm that medical insurance coverage is provided for our said child. The following information is provided to assist in making a claim against our said insurance coverage, should that become necessary.

Health Insurance Provider (name, address, and phone) _____

Policy # _____ Insured SSN or ID# _____

Minor's Physician _____ Phone # _____

Please identify any allergies or special health concerns/problems

Please explain any learning problems or special needs

Please list medications, dosage, and frequency

Name of medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of parent/guardian

X _____ Date _____

Print name _____

Address (city, state, zip) _____

Phone # (home) _____ (cell) _____

Emergency contact (friend or relative) _____

Relationship to minor _____ Phone # _____