Central College Christian Counseling

Social Skills Group Camp

EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____
Last First Middle

Address _____ Phone (____) _____

City _____ State _____ Zip _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Central College Christian Counseling authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone (____) _____

Father's Name _____ Daytime Phone (____) _____

Other's Name _____ Daytime Phone (____) _____

Name of relative / childcare provider _____ Relationship _____

Address _____ Phone (____) _____

PART I or PART II (Must Be Completed)

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Daytime Phone (____) _____

Dentist _____ Daytime Phone (____) _____

Medical Specialist _____ Daytime Phone (____) _____

Local Hospital _____ Daytime Phone (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

_____

_____

Date: _____ Signature of Parent / Guardian _____

PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the camp authorities to take the following action:

_____

_____

Date: _____ Signature of Parent / Guardian _____