AUTHORIZATION AND CONSENT TO TREAT A MINOR

Minor's Name _____ Phone No. _____

Street Address _____ City _____ State _____ ZIP Code _____

Date of Birth _____ Date of Last Tetanus Shot _____ Allergies _____

Medication Currently Being Used _____

Physical Disabilities Which May Limit Activities _____ Parent's Cell Phone _____

Emergency Contacts if Parents Cannot Be Notified:

1. _____ Name & Phone #

2. _____ Name & Phone #

Family Physician _____ Address _____ Phone # _____

The undersigned do hereby authorize a member of the **Murrysville Community Church Staff** or such substitute as he/she may designate, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp, or elsewhere.

This authorization will remain effective while the above minor is en route to or from or involved or participating in any program or activity of the **Murrysville Community Church, Murrysville, PA** unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

For Medical Insurance Claim Forms:

Father/Guardian's Full Name (Print) _____ Mother/Guardian's Full Name (Print) _____

Father/Guardian Signature _____ Date _____ Mother/Guardian Signature _____ Date _____

Father/Guardian's Birth Date _____ Social Security # _____ Mother/Guardian's Birth Date _____ Social Security # _____

Parent's Address if Different than Minor's _____ Phone # _____

Father/Guardian's Office Phone _____ Mother/Guardian's Office Phone _____

Name of Insured _____ Insurance Company's Address _____

Insurance Company _____ Policy # _____ Group # _____

Name & Address of Insured's Employer _____ Phone # _____

Please notify the church office if any of the above information changes.