
HARVEST BAPTIST CHURCH YOUTH GROUP
EMERGENCY MEDICAL FORM

TEEN NAME: _____

PHONE: _____

Parents: please sign Part I or Part II, but **DO NOT** sign both.

PART I: I hereby give my consent, in the event that ALL reasonable attempts to contact me have been unsuccessful, for the administration of any treatment deemed necessary and to transfer my child to _____ (preferred hospital) or any hospital reasonably accessible. I also give my permission to call an available rescue squad at my expense.

This authorization does not cover major surgery unless the medical opinions of two (2) licensed physicians or dentists concur in the necessity to such surgery and are obtained to the performance of such surgery.

Signature: _____

Date: ____ / ____ / ____

Printed Name: _____

PART II: I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, the authorities should do the following:

Signature: _____

Date: ____ / ____ / ____

Printed Name: _____