

SAMPLE MEDICAL AUTHORIZATION FORM

Youth & Young Adult Ministry and CYO Office
Youth in the City 2002
Medical Authorization

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent) at _____ (phone #) have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by

Dr. _____ (preferred physician) at _____ (phone #), or

Dr. _____ (preferred dentist) at _____ (phone #), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my son/daughter to _____ (preferred hospital) or 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 before surgery is performed.

My health insurance carrier is: _____

Name of policyholder: _____

Social Security number of policyholder: _____

Policy/group/claim number: _____

My child's birth date is: _____ My child's social security number is: _____

The following include any allergies my child may have, any medication my child may be taking and any other facts to which a physician or dentist should be alerted: _____

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call the Youth & Young Adult Ministry and CYO Office (216-696-6525 ext. 1000), with any questions I may have.

(Date)

(Parent/guardian signature)



Refusal to Consent

I do not give my consent for emergency medical treatment of my son/daughter. In the event of illness or injury requiring emergency treatment, I wish the youth ministers to take no action or to:

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call the Youth & Young Adult Ministry and CYO Office (216-696-6525 ext. 1000), with any questions I may have.

(Date)

(Parent/guardian signature)