

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant Christ Church at Grove Farm of Sewickley, PA the authority to obtain medical treatment for the following child(ren):

Name of Child

Birthdate

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.)

This grant of temporary authority shall begin on June 21, 2021, and shall remain effective through June 25, 2021.

In case of an emergency, the care provider(s) should first try to contact the parent(s). If the parent (s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: _____

Relationship to Child: _____

Address: _____

Place of Employment: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____ Dated: _____

Signature _____ Date _____