

**Authorization Form to Participate and to
Receive Emergency Medical Care for Guilford Park Church Youth**

I grant authorization for my child/youth, _____, to participate in youth activities sponsored by GPPC until a written withdrawal of such a uthorization is delivered to the appropriate church staff.

I grant authorization for my child/youth to leave the church premises under the supervision of volunteer youth leaders or church staff, and to ride in the church van.

I grant authorization for my child/youth to ride with a licensed youth driver to and from in-town events when necessary and with permission from church staff or youth advisors.

I grant authorization for any adult leader of the youth group or church staff to take whatever steps may be necessary to obtain such emergency medical care as may be deemed warranted, in the following order.

1. Attempt to contact parent or guardian listed below.
2. Attempt to contact alternate person listed below.
3. Attempt to contact child's physician listed below.

If these are unable to be reached, a youth leader or church staff person is authorized to do the following, as such is deemed warranted by injuries or suspected injuries:

1. Call an ambulance.
2. Have the child taken to the emergency hospital by one of the GPPC youth leaders, church staff, or other responsible person designated by any youth leader or church staff.
3. Allow on-site emergency medical aid to be administered by a licensed M.D. or E.M.T. serving the area where the aid is to be administered.

Any expenses incurred in reasonable compliance with conditions set out above will be borne by the child/youth's family.

Parent or Guardian _____ Date _____

Phone Number (Home) _____ (Work) _____

Alternate Contact Person _____

Phone Number (Home) _____ (Work) _____

Physician _____(Phone) _____

Medical Insurance Company _____ Policy # _____

Please list below any special medical conditions or allergies that should be known by youth leader or church staff:

Signature (Parent/Guardian) _____
