

AUTHORIZATION FOR MEDICAL TREATMENT

1. I, _____, am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

2.

Information of Child:

_____, female/male, born _____ and residing at _____.

Health insurance information:

Insurance Company: _____

Member ID: _____ Group Number: _____

Medications currently used (if staff will be administering medication, please fill out medication record sheet):

<i>Medication</i>	<i>Dosage</i>	<i>Purpose</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Illnesses and/or medical conditions:

Food, drug and/or environmental allergies:

<i>Allergen</i>	<i>Reaction</i>	<i>Treatment</i>	<i>Epipen needed?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. My child is attending and participating in activities at First United Methodist Church of McKinney, operating as Melissa United Methodist Church located at 315 N. Church Street, McKinney, Texas 75069.
4. I hereby authorize and appoint the lead pastor/minister of students/minister of worship and music/minister of children of First United Methodist Church of McKinney, operating as Melissa United Methodist Church as my agent. My agent may consent to my child's:
 - a. Transportation by ambulance
 - b. Examination
 - c. X-rays
 - d. Diagnoses
 - e. Hospitalization
 - f. Anesthesia
 - g. Medication
5. Our family doctor may be contacted at:
 - a. Name: _____
 - b. Address: _____
 - c. Phone: _____
 - d. Emergency phone: _____
6. The purpose of this instrument is to give First United Methodist Church of McKinney, operating as Melissa United Methodist Church and its designated representative the power and authority to consent to medical treatment for my child. This power and authority will be effective as to the ____ day of _____, 20____.
7. I understand and agree that any expenses incurred from any medical transport, evaluation, or treatment will be solely my responsibility and not the responsibility of First United Methodist Church of McKinney, operating as Melissa United Methodist Church.
8. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.
9. This consent will remain in effect until it is revoked by notifying, in writing, the agent named above that I wish to revoke it.
10. Any questions or concerns regarding this authorization may be directed to me at:
 - Name: _____
 - Address: _____
 - Phone Number: _____
 - Secondary phone: _____
 - Email: _____

11. If the child becomes ill or injured, the agent will first try to contact the parent/guardian. If the parent/guardian cannot be reached, the agent should contact the following emergency contact:

Name: _____

Phone number: _____

Secondary phone: _____

IN WITNESS WHEREOF, I hereunto sign my name at _____, Texas this ____ day of _____.

Parent/Guardian