

Elon Presbyterian Church Youth Ministries Medical Release Form

Elon Presbyterian Church Youth Ministries 250 Camden Dr., Madison Heights, VA 24572
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Authorization of Consent to Treatment of a Minor

I (we), the undersigned, parent(s) or guardian of _____, a minor, do hereby authorize the adult youth counselors and coordinators of Elon Presbyterian Church as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, and surgeon licensed under the provisions of the Medical Practice Act, or the State of Virginia, or the medical staff of any approved and licensed hospital whether such diagnosis or treatment is rendered at the office of the physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

Name of Minor _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Other phone _____ Cell Phone _____

Signature of Parent/Guardian _____

Date _____ Relationship to Minor _____

Health Insurance Company _____ Policy # _____

1. List any allergies to foods or medications: _____

2. Regular medications? Yes _____ No _____

If so, please list: _____

3. Dates of latest immunizations: Polio _____ Tetanus _____ Other _____

4. List any special medical concerns to be aware of: _____

5. Doctor/physician who knows you best medically: Name _____

Phone # _____ Address _____

6. Name of another person to be notified if parent/guardian not available:

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____