

Trinity Episcopal Church
EMERGENCY MEDICAL AUTHORIZATION
(Use this form for Nursery and Godly Play participants)

I, _____ as parent/guardian of _____
hereby authorize Trinity Episcopal Church staff and/or volunteers to approve emergency medical care for my child. I understand that an effort will be made to contact me first, but if I can not be contacted at below number within a reasonable time, then this authorization will allow any ambulance and or emergency room personnel to provide all necessary medical care to my child. I have listed below any medical conditions that the emergency medical personnel would need to know about my child.

Important Medical Information about my child:

Conditions:

Allergies:

Current Medications:

Signature _____

Date _____

Contact Phone _____

Medical Insurer Name and Phone Number: _____

Medical Policy Membership Number: _____