

**Middle School – Feed My Starving Children
Authorization for Medical Treatment/Permission to Attend**

PROGRAM TITLE: MIDDLE SCHOOL FEED MY STARVING CHILDREN **DATE:** JAN. 20, 2017

Youth Male/Female date of birth Grade

Parent / guardian

Address City State Zip

Home phone Work phone Cell phone

Medical / health insurance company Insurance policy no.

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor

hereinafter, "my child", who was born on _____, _____. My child is attending and participating in the Middle School Event – Feed My Starving Children on Jan. 20, 2017 at Holy Trinity Lutheran Church on 1300 East Main Street in New Prague, Minnesota.

I hereby authorize Holy Trinity Lutheran Church's officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities at this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

My child has permission to travel with Holy Trinity authorized vehicles and drivers.

Dated _____, _____
Signature of parent or legal guardian

Additional information

Allergies / allergic reaction of my child

Medicine being taken by my child **AND** for what condition

Other information regarding my child's health that a doctor should know

Holy Trinity has permission to utilize pictures of my child/ren for church publication, including website Yes, No. (Please check)