Ripon Free Methodist Church youth group

MEDICAL AUTHORIZATION FORM

To Whom It May Concern:

The Undersigned does hereby give permission for our/my children, listed below, to attend and participate in youth events sponsored by the **Ripon Free Methodist Church**.

In the event of an emergency, I hereby give permission to the Ripon Free Methodist Church and its employees, agents, representatives and volunteers, to transport my child(ren) to a medical facility and to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor(s) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree to pay all costs and expenses incurred in connections with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization. Should it be necessary for our/my child(ren) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

_____	_____
Child's Full Name	Insurance Policy Number
_____	_____
Child's Full Name	Insurance Policy Number
_____	_____
Child's Full Name	Insurance Policy Number
_____	_____
Legal Guardian's signature	Date