



9245 Florence Ave  
Downey, CA 90240  
(562) 862-0910

### Medical Authorization

Event/Group Name: \_\_\_\_\_

Sponsored by (church and city): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_

Home Address: \_\_\_\_\_ Youth Age: \_\_\_\_ Grade: \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_

Allergies / Special health concerns / Medications / Dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Parents:** My child may participate in the above stated event/group, including travel during the event via church vehicle or automobile driven by an adult chaperone/leader who is age 21 or older with a valid driver's license. I give permission for my child/myself to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's/my own health and safety while at the event, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child/myself. I release **Light and Life Christian Fellowship of Downey** and its representatives from liability in the event of accidental injury or illness.

Effective Dates: From \_\_\_\_\_ to \_\_\_\_\_  
(6 months)

Signed:

\_\_\_\_\_  
(Parent/guardian or adult participant age 18 or over)

Print:

\_\_\_\_\_

#### Emergency Contacts:

1. Name:

\_\_\_\_\_  
Phone:

2. Name:

\_\_\_\_\_  
Phone:

\_\_\_\_\_