

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be in the possession of the event leader or designated adult.

Minor:

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Male _____ Female _____ Grade- _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Where is Minor staying while on property? Youth Lodge With Family on Lot _____

Emergency Contact (if parent is not available): _____

Emergency Contact Phone: _____

Parent email address(es): _____

Information for Medical Treatment:

Physician's Name & Phone: _____

Medical Insurer/Health Plan: _____ Policy Number: _____

Allergies to Medications: _____

Medications Taking: _____

Please note all conditions for which the child is currently receiving treatment:

Please check all, past and present, which apply to your camper and briefly explain below any checked boxes.

- ADHD Asthma Behavior Problems Convulsions/seizures Diabetes Heart Trouble Hemophillia Migraines
High Blood Pressure Joint/Bone Issues Drug Allergy Insect Allergy Bedwetting Sleepwalking Other

For medications that can be administered to your child as needed, please check any of the medications with your pre-approval. Inhalers Headache/Tylenol Eye/Ear Drops Antihistamine/Benadryl Other- please explain below.

Please check any Camper Allergies:

- Artificial Dye Artificial Flavoring Eggs Gluten Milk Peanuts Shellfish Soy Tree Nuts Bee Stings Other

If you selected a food allergy above, please elaborate so that we may best serve your camper.

Does Child have an epi pen? Yes No Does Child know how to use it and have signed permission to do so? Yes No

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND

RELEASE OF LIABILITY:

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for NEO Retreat Center/Northeast Ohio General Assembly of the Church of God authorized adult (hereafter "Designated Adult") to administer general first aid for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and to treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

I also understand and agree that my child's participation in athletic and other activities involves the risk of injury and even death from various causes, including but not limited to accidents, fall, strenuous physical activity, dehydration, collision, weather, equipment defects, and negligence. On behalf of my child, I assume these risks. I hereby release, discharge, and hold harmless and indemnify, and covenant not to sue, NEO Retreat Center/Northeast Ohio General Assembly of the Church of God and/or its representatives including staff, employees, trustees, and volunteers.

This authorization is effective through: July 20, 2024 to July 27, 2024

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date Signed: _____