

Riverdale Presbyterian Church

State of Maryland

County of Prince Georges

MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR

For good and valuable consideration, I do hereby release and forever discharge the Riverdale Presbyterian Church, its officers, members, agents, assigns, and chaperons from any and every right, claim or demand which I have or might otherwise hereafter have against them on account of, connected with or growing out of its sponsored trip:

\_\_\_\_\_ .  
on the date(s) of \_\_\_\_\_ .

I request and authorize hospital medical personnel, agents and employees to provide all reasonably necessary medical care including, but not limited to hospital tests, such as pathology, radiology and anesthesia, surgery and prescription drugs advisable for the health of my child.

NAME OF CHILD/YOUTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

Full name of Parent for whom the policy is written \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ Phone \_\_\_\_\_

RELATIVE/FRIEND to contact if Parent/Guardian cannot be reached: \_\_\_\_\_

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

Please note any special instructions, current medications, food considerations, allergies:

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

SIGNED (Parent/Legal Guardian): \_\_\_\_\_

WITNESS TO SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The trip will depart: date \_\_\_\_\_ place \_\_\_\_\_ time \_\_\_\_\_

The group will return: date \_\_\_\_\_ place \_\_\_\_\_ time \_\_\_\_\_