

Authorization for Emergency Medical Treatment Adult and Young Adult

Both sides of this form must be completed.

This information will be kept in the possession of ST. PATRICK CHURCH OF MERNA YOUTH MINISTRY and distributed to the person in charge of this activity. Should the need arise, this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness/accident St.
(first name) (last name)

PATRICK CHURCH OF MERNA, will try to notify the person I have listed as an emergency contact.

In case of medical emergency concerning myself at a time when my listed emergency contact cannot be notified, I grant full power to ST. PATRICK CHURCH OF MERNA and/or any supervising employee to do as follows:

1. Arrange for the transportation of myself, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature

Date