



St. Stephen's UMC Youth Ministries  
9203 Braddock Road, Burke, VA 22015  
Phone: (703) 978-8724 x108

MEDICAL AUTHORIZATION FORM 2011-2012

Student Name (print): \_\_\_\_\_

Parent/Guardian Name(s) (print): \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Does your student have ANY allergies? NO YES: \_\_\_\_\_

Does your student have any health concerns that may affect his/her participation in activities? NO YES: \_\_\_\_\_

Please list any current medications, dosage, & reason for taking: \_\_\_\_\_

May adult leaders provide, upon your student's request, the following medications?

Aspirin	NO YES	Parent Initials: _____
Acetaminophen	NO YES	Parent Initials: _____
Ibuprofen	NO YES	Parent Initials: _____
Pepto Bismol	NO YES	Parent Initials: _____
Benadryl	NO YES	Parent Initials: _____

Parental Permission: I, the undersigned, authorize a representative of St. Stephen's United Methodist Church to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgments of attending physicians, in the event my student is admitted to any hospital, or in need of any medical treatment. This authorization shall be in effect during such time as my student is participating in or traveling to or from a specified youth activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Insurance Co. & Policy # \_\_\_\_\_

E-mail \_\_\_\_\_

Alt. Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_