

# AUTHORIZATION FOR MEDICAL TREATMENT

## Adult Sponsors

Effective: August 1, 2015-August 31, 2016

I, \_\_\_\_\_, do hereby give to Springs First Church of the Nazarene (supervisor), or its agent, consent to perform any X-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any physician or surgeon licensed to practice his profession, whether such diagnosis or treatment is rendered at the office of such physician, any hospital, or other location.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of the supervisor or its authorized designee, in the exercise of its best judgment, upon advice of any such physician and surgeon, to authorize care it may deem advisable.

### PLEASE PRINT ALL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

In Case of Emergency, Please Notify: \_\_\_\_\_

Emergency Phone Number (Priority 1): \_\_\_\_\_

Emergency Phone Number (Priority 2): \_\_\_\_\_

\_\_\_\_\_  
Signature (Must Be Signed Only In The Presence Of A Notary) Date

\_\_\_\_\_  
Signature Of Notary Date

Notary Seal

My Commission Expires:

**EXPECTATION OF SPONSOR**

- Know the purpose of the event
- Know the event schedule.
- Know your role.
- Encourage & support the teen in the event.
- Follow through with your responsibility.
- Be praying for the students.

I, \_\_\_\_\_ have read the "Expectation of Sponsor" list.

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, do hereby release and hold harmless Springs First Church of the Nazarene, it's staff, employees, agents, officers, and directors, from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from my conduct related to the activities sponsored by Springs First Youth Ministries, from August 1, 2014-August 31, 2015.

Signature: \_\_\_\_\_  
(Must be signed in the presence of a Notary Public) Date

COUNTY OF \_\_\_\_\_ )

STATE OF COLORADO

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, to be the person executing the above Release.

\_\_\_\_\_  
(Notary Signature) Date

Notary Seal

My Commission Expires:

**SPRINGS FIRST CHURCH OF THE NAZARENE  
MEDICAL INFORMATION**

**Participant Name:** \_\_\_\_\_

**Allergies (please circle all that apply):**

**Latex**

**Food**                      **Specify:** \_\_\_\_\_

**Drug**                        **Specify:** \_\_\_\_\_

**Environmental**        **Specify:** \_\_\_\_\_

**Physical Restrictions:** \_\_\_\_\_

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

**Diagnoses and related prescriptions and dosages (please list):**


**Would you like to make us aware of any other medical or emotional concerns?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check beside each medicine that Springs First representatives are allowed to give you, in case of minor discomfort of known origin (sinus headache, indigestion, menstrual cramps, etc) during the year from July 26, 2012 - August 31, 2013.**

Acetaminophen___	Ibuprofen___	Antihistamine (oral or ointment)___
Decongestant___	Indigestion relief___	Anti-diarrheal___
Antacid___	Throat/Cough Drops___	Antibiotic Ointment___
Saline Eye Drops___	Other: _____	

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_