

AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

_____, Hereby authorize the staff of the Evangelization Society, and
The Church at the Heights to give consent for emergency medical treatment of:
_____ in my absence.

(Name of Child or Children)

This authorization will be valid from _____ to _____.
(Starting Date) (Ending Date)

My Insurance Information:

INSURANCE COMPANY: _____

GROUP NUMBER: _____

POLICY NUMBER: _____

NAME OF INSURED: _____

CHILD'S DATE OF BIRTH: _____

(Signature of Parent)

(Signature of Witness)

By signing this I have read the enclosed information and hereby give my child permission to attend.

