



**FIRST PRESBYTERIAN CHURCH  
NORTHVILLE, MICHIGAN**

**Emergency Treatment Authorization**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event these individuals cannot be reached in an emergency during an activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used, as primary coverage in the event medical intervention is needed. Coverage by The Church through its accident policy will be used as a backup only to the extent my insurance fails to provide coverage.

I understand all reasonable safety precautions will be taken at all times by The Church and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to hold harmless and indemnify The Church, its leaders, employees and volunteer staff from any and all claims, suits, damages, losses, or injuries suffered or caused by or to the student named on this form.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

List medication needed or used (including psychiatric)

Name of medication	Dosage	Hours Given	Reasons

Medications must be in the original prescription bottles listing dosage information and the name of the doctor who proscribes the medication.

**Health Insurance/Emergency Information**

I understand that the CCF leaders will do everything in their power to avoid accident or injury to all people participating in the First Presbyterian Church CCF program. However, if an accident or illness should occur:

Emergency Contact Name:	Phone
Emergency Contact Name:	Phone
Insurance Company Name:	
Policy Holder's Name:	
Policy Number:	