



**African Methodist Episcopal Church
Eleventh Episcopal District
Young People's and Children's Division
Women's Missionary Society**



**Black Heritage Weekend
February 15-17, 2019
MEDICAL AUTHORIZATION**

Note to Directors: Please have form completed, notarized and sent with registration.

Name _____ Age _____ DOB: _____

Address _____

City, State and Zip Code _____

Home Phone # _____ Cell Phone # _____

****Name of Parent(s) or legal guardian(s):**

Address _____

City, State and Zip Code _____

Home Phone # _____ Cell Phone # _____

Alternate Contact _____

Home Phone _____ Cell Phone _____

I/We the above named parent(s) or legal guardian(s) do hereby appoint:

Name _____ Chaperone or Director

Home Phone _____ Cell Phone # _____

To act on my/our behalf in authorizing medical or surgical care and hospitalization for the above name participant during the period which the participant will be under your supervision. This document shall be presented to a physician, or appropriate hospital representative, at such time as medical or surgical care or hospitalization may be required.

Name of Participant's Physician _____ Phone # _____

Does the participant have, or at any time had, any of the following? **If YES, please explain and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, current medications, any specific activities to be restricted and other comments.**

Asthma _____

Bronchitis _____

Convulsions _____

Diabetes _____

Ear Infection _____

Fainting _____

Heart Condition _____

Headaches _____

Hypoglycemia _____

Wear Glasses/Contact Lens/Hearing Aids _____

Wear Pacemaker _____

Other Conditions _____

Drug Allergies _____

Other Allergies _____

Parent(s) or Legal Guardian (s) Signature

NOTARY: On this _____ day of the month of _____, 201 , stood before me, as Notary Public of the County of _____ State of _____, acknowledging and submitting proof thereof as parent or guardian of _____, acknowledging execution of this affidavit.

Signature