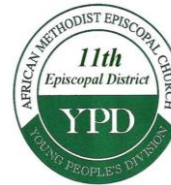


African Methodist Episcopal Church - Eleventh Episcopal District  
 Young People's and Children's Division of the Women's Missionary Society



## Black Heritage Weekend

February 17-19, 2023

# MEDICAL AUTHORIZATION FORM

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	
Headaches		Hypoglycemia	
Convulsions		Diabetes	
Wear Glasses, Contact Lens		Wear Hearing Aids	
Ear Infection		Fainting	
Wear Pacemaker		Other Conditions	
Heart Condition		Drug or Other Allergies	

\_\_\_\_\_  
 Parent(s) or Legal Guardian (s) Signature

NOTARY On this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_, 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 of Notary Public \_\_\_\_\_ My commission expires on: \_\_\_\_\_