**PRINCIPLES IN FOCUS**
**MINOR (CHILD) MEDICAL AUTHORIZATION FORM**

*Please print, complete and send this form for any child/youth under age 18 who will attend Principles in Focus.*

Name of Child/Youth: _____
(First) (Last)

Child/Youth's Date of Birth (mm/dd/yy): ____ /____ /____

I am the parent and/or legal guardian of *(name of child/youth)* _____ and do consent to the delivery of medical care as determined by a physician to be necessary for the welfare of my child/youth while attending the Principles in Focus retreat.

**Parent/Guardian Signature:** _____ **Date:** _____

| **Contact Information** |
|---|
| Parent/Guardian: |
| Best phone number to reach parent/guardian: |
| Email address: |
| Mailing address: |

**The following information will assist in treatment if it can be furnished with the consent but is not required:**

| | |
|---|---|
| Current medications: | None: ☐ |
| Current allergies to food or drugs: | None: ☐ |
| Any current medical conditions or activity limitations: | None: ☐ |
| Other information you'd like to share to help in case of a medical emergency: | None: ☐ |
| Child/Youth's Physician: _____ Phone: _____<br>Insurance: _____ Policy #: _____<br>Preferred Hospital: | |