

## Medical Treatment Permission Form for Minor Child

I/We authorize the First Unitarian Society of Milwaukee, its employees, volunteers, and other representatives to provide first aid and to act as my/our agent to authorize any reasonable and necessary emergency medical care needed by my minor child:

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date of Birth (XX/XX/XXXX)

**I/We also authorize the administration of routine or prescribed medication as set out below:**

<u>Medicine</u>	<u>Dose</u>	<u>Time or Indication</u>	<u>May Child Administer to Self?</u>
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Known Allergies or Sensitivity to Food or Medicine:

Significant Medical Conditions:

Health Insurance Company: _____
Policy: _____ Member ID: _____
Number to Call for Coverage Authorization: _____
Child's Primary Care Physician: _____
Telephone: _____

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Additional Parent/Guardian- Printed Name

\_\_\_\_\_  
Emergency- Cell phone / Home Phone (circle one)  
(circle one)

\_\_\_\_\_  
Emergency- Cell phone/ Home Phone

Additional Telephone Numbers if not available at above: \_\_\_\_\_