

NORTHWEST ▣ CHAPEL

P. O. Box 1234, Dublin OH 43017
(614) 761-0363

**CHILD MEDICAL CARE AUTHORIZATION
RELEASE**

The undersigned hereby authorizes any staff of team members of the Northwest Chapel Grace Brethren Church ministry team to cause a duly authorized and licensed physician or dentist to administer medical, dental and/or surgical treatment at any time when such authorized personnel believe an emergency exists should the child experience any illness or accident while traveling with the missions team. This authorization is intended to cover examinations, immunizations, injections, minor operations and procedures, and any necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without my personal consent. In the event of indicated major surgery, an attempt to contact my next of kin will be made before relying upon this authorization.

LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

LEGAL GUARDIAN PRINTED NAME: _____

State of Ohio

County of Franklin

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, _____, to me well known to be the person described in and who executed the foregoing instrument and (s)he acknowledged before me that (s)he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at City of Dublin, County of Franklin, and State of Ohio, this _____ day of _____, 20____.

NOTARY PUBLIC