WCHE Medical Authorization Form

Willow Creek Home Educators Support Group

In the event of illness or injury to (please list all children covered by this form):

FULL NAME	ALLERGIES?	DATE OF BIRTH

In order to avoid delay in treatment, I authorize the adult leader of the WCHE activity to act for me in obtaining medical care for the above-mentioned child. This authority includes any and all treatment deemed medically necessary by the physician including—but not limited to—surgery and/or blood transfusions.

I hereby release any doctor, hospital, or health care provider, Willow Creek Church, as well as WCHE and its members of any and all liability arising out of instituting medical care pursuant to this authorization. The authorization granted herein and release of liability given herein shall continue until such time for a period of one year from date.

(A photocopy of this authorization is equally valid.)

_____ _____

Parent or Guardian Date

Insurance: _____

Policy # _____ Group #: _____

Physician's Name and Phone: _____

Child's father/guardian: _____

Phone numbers: Work _____ Cell _____

Child's mother/guardian: _____

Phone numbers: Home _____ Cell _____

Emergency Contact: _____

Relationship: _____ Phone: _____

WCHE MEMBERS are required to sign this form even if you do not have insurance. Important!

If you choose to not submit this form, you are required to stay on the premises of any WCHE function your child(ren) attend, including field trips and co-ops.