

BOWER HILL COMMUNITY CHURCH  
70 MOFFETT STREET  
PITTSBURGH, PA 15243

AUTHORIZATION FOR MEDICAL TREATMENT

I/We \_\_\_\_\_, the parents or legal guardian of \_\_\_\_\_, a minor child; give permission for him/her to receive necessary medical treatment in the event of an emergency and I/We are unable to be contacted or life saving measures are required.

Allergies/Sensitivities \_\_\_\_\_

Insurance Co. \_\_\_\_\_  
Policy/Group # \_\_\_\_\_  
Guarantor \_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Witnessed before me this date \_\_\_\_\_  
My commission expires \_\_\_\_\_  
Notary: \_\_\_\_\_