

YELLOWSTONE VALLEY CHRYSALIS
Medical Authorization/Emergency Room Consent to Treat Form
 First United Methodist Church, Billings, MT

I give permission for _____ (Students Name)

to attend the Chrysalis weekend and to have any available medical provider to perform any reasonable and necessary or procedures and to continue treatment and procedures until such time as the undersigned shall dismiss the medical provider, or engage another physician. This permission includes admission to one of the local hospitals, if the attending physician deems it necessary.

Signed: _____

Printed Name: _____

Relationship: _____

_____ Witness

_____ Witness

_____ Date Consent Valid Until: _____

Following questions must be completed:

Known Allergies: _____

Medical Conditions: _____

Date of last Tetanus Booster: _____

List of Current Medications:

Medication	Dosage	Times Administered	Special Instructions

Preferred Doctor: _____ Preferred Hospital: _____

Date of Birth: _____

Insurance Co.: _____ Policy No.: _____

Home Phone: _____ Work Phone: _____

Cell: _____