

Just For Kids of Utah County Medical Authorization Form

Parent/Legal Guardian's Name: _____

Address: _____ City: _____ State: _____

Phone #'s: Home _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____

Participant's Full Name: _____

Birthdate: _____ Disability Diagnosis: _____

MEDICAL CONDITIONS: List all known medical conditions – past or present, including seizures or neurological impairment, heart conditions (murmurs, heart attack, irregular heartbeat, chest pain, high blood pressure, etc.) diabetes, asthma/respiratory problems, exercise induced problems, need for assistive devices, vision or hearing impairment:

MEDICATION: List all medication include all over the counter and prescription drugs taken regularly.

ALLERGIES: List any known food and/or drug allergies

BEHAVIORAL CHARACTERISTICS: List any behavioral traits that may interfere with participation in Just For Kids programming. Examples: physical/verbal aggression, stubbornness, disinterest in participation, excessive fatigue, flight risk, inappropriate touching, destructive etc..



EMERGENCY CONTACT:

Alternate Emergency Contact: _____

Relationship to participant: _____

Phone #'s: Home ____ - ____ - ____ Cell: ____ - ____ - ____ Work: ____ - ____ - ____

3rd Emergency Contact: _____

Relationship to participant: _____

Phone #'s: Home ____ - ____ - ____ Cell: ____ - ____ - ____ Work: ____ - ____ - ____

MEDICAL INFORMATION:

Physician's Name: _____ Phone #: ____ - ____ - ____

Address: _____ City: _____ State: _____

Dentist's Name: _____ Phone #: ____ - ____ - ____

Address: _____ City: _____ State: _____

INSURANCE INFORMATION:

Primary Insurance Company: _____

Address: _____ City: _____ State: _____

ID #: _____ Group / Policy #: _____

Phone #: ____ - ____ - ____ Policy Holder's Name: _____

Relationship to participant: _____

Billing Address: _____ City: _____ State: _____

Secondary Insurance Company: _____

Address: _____ City: _____ State: _____

ID #: _____ Group / Policy #: _____

Phone #: ____ - ____ - ____ Policy Holder's Name: _____

Relationship to participant: _____

Billing Address: _____ City: _____ State: _____



PARENT/GUARDIAN SIGNATURE:

I am the parent/guardian of _____
who is participating Just For Kids programming and have the authority to represent him/her. I understand that Just for Kids will contact me in the event of an emergency. If I am unavailable, I authorize Just For Kids of Utah County, Inc., on my behalf, to take the necessary measures to ensure that my participant receives emergency medical treatment, including hospitalization.

I have read and understand the above and give my permission for my participant to participate in all Just For Kids programming that they are registered for.

Signature of Parent/ Guardian

Date

NOTARY PUBLIC SECTION:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purposes therein contained.

Notary Public

Print Name: _____
(Seal)

My Commission Expires: _____

