



## **Help's on the Way**

6784 Edwards Road  
Belleville, MI 48111-1136  
IRS-EIN 38-3590783  
[www.helpsontheway.org](http://www.helpsontheway.org)

Policy Name: Minor Child Emergency Medical Permission Form Policy

Policy Adoption Date: March 19, 2012

It shall be the policy of Help's on the Way to receive written permission for medical treatment of minors, **(individuals under the age of eighteen)**, from the parent or guardian for all minor children prior to participating in any Help's on the Way sponsored activity. One minor child emergency medical permission form must be used for each minor child. Please see the emergency medical permission form on page two of this document.

For questions or addition information related to this policy, please write to:

Help's on the Way  
6784 Edwards Road  
Belleville, Michigan 48111-1136

Or

Contact us on the web [www.helpsontheway.org](http://www.helpsontheway.org)

*Psalm 46:1 "God is our refuge and strength, an ever-present help in trouble."*

**Help's on the Way**  
**Minor Child Emergency Medical Permission Form**

The undersigned Parent or Guardian has hereby given permission for Representatives of Help's on the Way to authorize emergency medical treatment as may be deemed necessary for the minor child named below, while participating in activities sponsored by Help's on the Way.

Name of Activity: \_\_\_\_\_

For this date only (DD/MM/YY): \_\_\_\_\_ OR

From this date: \_\_\_\_\_ through the future date of: March 1, 20 \_\_\_\_\_

Minor Child's Name: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone/Area Code: \_\_\_\_\_ Cell Phone/Area Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information:**

Medical Insurance Company: \_\_\_\_\_ Medical Insurance Policy Number: \_\_\_\_\_

Physician to contact: \_\_\_\_\_ Physician Phone/Area Code: \_\_\_\_\_

What medical conditions, allergies, disabilities or existing injuries does your child have that may affect their participation in ministry activities, or that would be important to medical professionals who are called upon to treat your child. Please list below.

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**Signature of Parent/Guardian:**

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

**Alternate Contact Information:**

Alternate Contact Person and Relationship to child: \_\_\_\_\_

Alternate Contact Phone/Area Code: \_\_\_\_\_

*Psalm 46:1 "God is our refuge and strength, an ever-present help in trouble."*