

# CENTRAL TEXAS VIDA NUEVA

## Team Medical Authorization

**To be completed by Team Member and/or Parent/Guardian under 18 years of age**

I am/my child is a team member serving on Central Texas Vida Nueva Young Women's/Men's weekend#-\_\_\_\_\_, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

I/ my child have the following allergies: \_\_\_\_\_

Other pertinent health information: \_\_\_\_\_

\_\_\_\_\_ I/

my child take(s) the following medication(s):

\_\_\_\_\_ (If taking medication, please send in original prescription container, labeled with instructions and contents.) Special Dietary Needs: (vegetarian, no pork, etc.)

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

***I understand that I/ my child under 18 years old will be in the care of Vida Nueva adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost of which I will be responsible for.***

Signature of member/parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relation to

member \_\_\_\_\_ Address: \_\_\_\_\_ Phone

number: \_\_\_\_\_ Medical insurance information: \_\_\_\_\_ Insurance

Company Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy number: \_\_\_\_\_ I

***hereby authorize any medical treatment that may be necessary to be administered the cost of which I will be responsible for.***

Signature of team member \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name \_\_\_\_\_