

# Just For Kids of Utah County Medical Authorization Form

Participant's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Disability Diagnosis: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work ----- \_\_\_\_\_

**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) diabetes, asthma/respiratory problems, exercise induced problems, need for assistive devices, vision or hearing impairment, etc.

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**MEDICATION:** List all medications, include all over the counter and prescription drugs taken regularly.

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**ALLERGIES:** List any known food and/or drug allergies.

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

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**EMERGENCY CONTACTS:** List in order of preference. We will call parent/guardian first.

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

Relationship to participant: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work ----- \_\_\_\_\_

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

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: \_\_\_\_\_



**NOTARY PUBLIC DOCUMENT:** Signature to be witnessed by notary public.

I am the parent/guardian of \_\_\_\_\_  
who is participating in 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 listed emergency contacts or I are 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.

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

STATE OF UTAH

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

