

Medical Consent and Permission to Treat

To the best of my knowledge, my child, _____, is in good health,
And I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency,

- I hereby grant permission to transport my child to a hospital for emergency medical treatment
☐ Yes ☐ No

- I wish to be advised prior to any further treatment by the hospital or doctor. Yes ☐ No ☐

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my child: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Family doctor: _____ Phone Number: (____) _____

Please include a photocopy of your Insurance Card (front and back).

- Insurance Carrier: _____ Policy No: _____
- My child is taking medication and I will bring all medication & turn them into the Retreat Staff. It will be clearly labeled. All medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____
- I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given if necessary: ☐ Yes ☐ No
- I understand that aspirin will not be given to my child without my express permission. I hereby grant such permission: ☐ Yes ☐ No
- My child is allergic to the following (medications, foods, plants, insects, etc): _____
- My child's immunizations are current and up to date: ☐ Yes ☐ No
- My child's last tetnus/diphtheria immunization: _____
- My child has the following physical limitations: _____
- My child experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed wetting, etc. ____ Yes ☐ No ☐ If Yes, please explain: _____
- My child has recently been exposed to a contagious disease or condition such as mumps, measles, chickenpox, etc. ____ Yes ____ No If yes, please state the date and disease or condition: _____

Signature of Parent or Guardian

Date