

CONSENT TO TREAT A MINOR CHILD

Name of child: _____
Address of child: _____
(street, city, state, zip)
Phone number of child: _____

I hereby grant my permission to CHRIST LUTHERAN CHURCH LEADERS and other chaperones, to seek medical treatment for my child in the event of a medical or traumatic emergency.

I consent to medical or surgical treatment by any licensed physician and or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, suturing, X-rays, drawing of blood for tests, transfusions, injections or drugs, and the performing of whatever operations may be deemed necessary or advisable. I understand I am responsible for the cost of treatments.

PLEASE COMPLETE:

Date of Birth: _____ Date of last tetanus immunization or booster: _____

Does your child have any chronic diseases or drug allergies that might interfere with emergency medical or surgical treatment? _____ YES _____ NO If yes, please list: _____

Is your child taking any medication? _____ YES _____ NO If yes, please list: _____

PARENT/GUARDIAN:

Parent/guardian's complete name: _____
Address _____ Phone: Home _____
Work _____
Cell _____

Parent/guardian's complete name: _____
Address _____ Phone: Home _____
Work _____
Cell _____

In case of an emergency and you are unavailable, please provide an emergency contact:

Name: _____
Address: _____
Phone: _____

Primary Medical Insurance _____

Group _____ Subscriber _____

Secondary/Supplemental Insurance _____

Group _____ Subscriber _____

Family Physician _____

Address/Telephone _____

Dental Insurance _____

Group _____ Subscriber _____

Dentist/Orthodontist _____

Address/Telephone _____

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This form is valid through December 31<sup>st</sup>, 2008 (*Parents/Guardians are responsible for alerting the Youth Director to any changes that affect this document*)

\_\_\_\_\_  
Signature of Parent or Legal Guardian