

# FIRST PRESBYTERIAN CHURCH IN BOULDER

## Medical Consent Form for Minor Child (under 18)

**Student Name** \_\_\_\_\_ Student's date of birth \_\_\_\_\_ Current age \_\_\_\_\_

Student's Address \_\_\_\_\_  
(Street) (City, State and Zip Code) Current grade \_\_\_\_\_  
(2011-2012 school year)

**1<sup>st</sup> Parent:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**2<sup>nd</sup> Parent:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Person to notify if parent/guardian is unavailable** \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Last Tetanus Booster \_\_\_\_\_ Allergies \_\_\_\_\_

Any medical condition which could limit participation in activities \_\_\_\_\_

I give permission for my minor child to be given: Tylenol \_\_\_\_\_, Ibuprofen \_\_\_\_\_, Antacid \_\_\_\_\_, as needed.

**Medical Insurance carrier** \_\_\_\_\_ I.D. # \_\_\_\_\_

and/or Group # \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Policy holder's Date of Birth \_\_\_\_\_

### CONSENT:

As the parent/legal guardian of \_\_\_\_\_, a minor, I \_\_\_\_\_  
(Print student's name) (Print parents/legal guardian's name)  
consent to medical or surgical diagnosis or treatment or other hospital care of this child at any hospital or medical facility for treatment including, without limitation, x-ray examination and anesthesia. This consent authorizes physicians, dentists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the child in the exercise of their best professional judgement. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

This authorization is effective from May 25, 2011 to August 15, 2012.

\_\_\_\_\_  
(Parent's legal signature)

\_\_\_\_\_  
date

STATE OF \_\_\_\_\_

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

Sworn and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(notary signature)

Notary Public in and for the State of \_\_\_\_\_  
Commission expires \_\_\_\_\_

(notary seal)