For Co-Curriculars

Medical Treatment Consent Form For Minors

Child's Name ______________________________ Date of Birth ____________________________

Address ____

Father's Name _______________________________ Employed at: ___________________________

Home Phone __________________________ Business ______________________________

Mother's Name _________________________ Employed at ___________________________

Home Phone ___________________________ Business Phone ________________________

IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, CONTACT:

Name __________________________________ Phone Number ________________________

Address ____

Relationship to Child ____

Child's Doctor _______________________________ Family Doctor __________________________

Child is Allergic to: ____

Medical Information (including last Tetanus shot, major illness) _________________________________

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Insurance Company ________________________ Policy Number __________________________

Responsible Party ____

Medical Treatment Consent for Minors

Dear Parents or Guardian: This card should be presented to the attending physician if your child is in need of medical treatment during your absence. Have each of your minor children (through age 18) carry a card with them or have it available when you are absent. This card will prevent delay of treatment for your child because of lack of proper authorization. Individual hospitals or physician offices may require additional authorization. I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child: ____
in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital or physician office and nursing personnel within the hospitals or physician office, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary to my minor child.

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Signature of Parent or Legal Guardian Date