

Parental Authorization to Consent to Treatment of Minor

Parent(s) or Legal Guardian(s)

Herein "MINOR"

Insurance Company: _____

Policy Number: _____

Emergency Number: _____

Date of Child's Birth: _____ Age: _____ Grade: _____

Day Phone: _____ Evening Phone: _____

Current Medical Condition: _____ Date of last Tetanus Shot: _____

Allergies (Drug, natural, food, etc.): _____

Medication currently taken: _____

In case parent(s) or guardian(s) cannot be contacted:

Name: _____ Relationship: _____

Day phone: _____ Evening Phone: _____

The above-named Parent(s)/Guardian(s) of the Minor has authorized the Minor to participate in an activity sponsored by Westminster Presbyterian Church.

The Parent(s)/Guardian(s) do hereby authorize any Designated Agent of the Church to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the laws of the State or Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

These authorizations shall remain effective until September 30th, 2010, unless sooner revoked in writing delivered to said Agent.

Dated: _____

Signed: _____

(PARENT OR LEGAL GUARDIAN)