

CONSENT TO TREAT

I/We, the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

Date: _____ this consent form will remain effective until _____
(Enter end date of event)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

1) **Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will be responsible to administer his/her own medication.

Signature _____ Date _____

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature _____ Date _____

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

Any known allergies: _____

Any physical limitations: _____

Any medically prescribed dietary needs?: _____

Are you a vegetarian? YES NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?

YES NO

If yes explain: _____