

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 _____

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. Name of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

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? _____

Is child subject to chronic homesickness, emotional reactions to new situations, fainting? _____ Yes _____ No

If yes explain: _____
