

Authorization to Consent to Treatment of a Minor

We, the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize adults working with the youth of the Richmond Hill United Methodist Church, as agent for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to the provision of the Civil Code of Bryan County.

Signature of parent/guardian

Date

Home Address

Home Phone

Cellular Phone

Pager

Emergency Phone

Living with father, mother, both parents, guardian (circle only one)

Person(s) responsible for youth

Father's Employer

Phone Number

Mother's Employer

Phone Number

Emergency Contact Person

Relationship to Youth

Phone #'s

Insurance Information

Policy Number

Drug Allergy(s)

Last Tetanus Shot

Date of Last Physical

Medical Conditions

Family Physician

Phone Number

Any additional information we might need to know