

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with children of the First-Centenary United Methodist Church, as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above referenced child which is deemed advisable by a physician. Further, I give permission for the above referenced child to be transported in a private vehicle.

Date _____ Grade in Fall 2010 _____

Parent(s) or Guardian(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email: _____

Health Insurance Company _____

Policy # _____ Group # _____

Name of Policy Holder _____

Social Security No. of Policy Holder _____

Pre Authorization phone number if required _____

Other emergency contact(s):

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

* * * * *

STATE OF TENNESSEE
COUNTY OF HAMILTON

_____ appeared before me, a Notary Public
(Parent/Guardian Signature)

of the State and County aforesaid.

WITNESS my hand and seal this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

MEDICAL INFORMATION

Child: _____ Date of Birth: _____

Physician's Name: _____

Physician's Phone No.:(_____)_____

Allergic to any medication? _____ If yes, please list below:

Other Allergies? _____ If yes, please list below:

Does child carry an EPIPEN or other medication for allergies? _____

Are there any special health conditions we need to know about or need to take into consideration in obtaining medical care or planning programs for your child (i.e., epilepsy, diabetes, emotional or behavioral problems, etc.). _____ No _____ Yes (please explain below)

Is your child currently on any medication? _____ If yes, please list medicine and dosage below

Date of last tetanus shot: _____

If any changes in the health of my child occur after the completion of this form, I understand I need to inform, in writing, the Director of Children's Ministry.

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CHILDREN'S ACTIVITIES CONSENT

I (We) the undersigned parent(s) or guardian(s) of _____, (a minor) give our consent for him/her to participate in the Children's Ministries Program of First-Centenary United Methodist Church. This consent extends to participation in activities held on the church premises as well as those held in other locations.

Parent(s) or Guardian(s) Signature

Date completed

PLEASE HAVE THIS FORM NOTARIZED ON OPPOSITE SIDE