

SPIRIT OF CHRIST LUTHERAN CHURCH Medical Treatment Consent for Minors

Dear Parent or Guardian,

This form will be presented to the attending physician if your child is in need of emergency medical treatment during one of our events.

Parent/Guardian Consent	
<p>I, the undersigned parent/legal guardian of _____ (child's name), in the event that I cannot be contacted through reasonable efforts, do hereby empower and grant Spirit Of Christ Lutheran Church, it's staff and volunteer youth leaders, permission to consent to any medical or surgical diagnosis or treatment or hospital care for my above named child.</p> <p>This authorization applies to all youth activities sponsored by Spirit of Christ Lutheran Church for the period of time from September 1, 2016 to August 31, 2017. This consent may be revoked at any time by giving written notice to the staff.</p>	
Parent or Guardian's Signature →	Date

Parent/Guardian Contact Information	
Mother/Guardian's Name and Address	Contact Numbers (Check Preferred Number) <input type="checkbox"/> Cell Phone _____ <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Work Phone _____
Father/Guardian's Name and Address	Contact Numbers (Check Preferred Number) <input type="checkbox"/> Cell Phone _____ <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Work Phone _____

Additional Information About the Child		
Child's Full Name	Birthdate (month/day/year)	Last Tetanus/Diphtheria Booster
Drug or Food Allergies	Medications, Blood Type or Other Pertinent Information	

Insurance and Physician Information	
Insurance Company	Policy Number
Family/Child's Physician	Family/Child's Physician Phone
Preferred Hospital	