Consent for Medical Treatment (minors only)

I, ______________________________ , am the parent or legal guardian of ______________________________

and I authorize (name of program) ______________________________ to obtain emergency medical treatment of this minor by an appropriate health care professional should the need arise while he/she is attending the program.

Signature ______________________________ Date ______________________________

Medical Information (all participants)

Participant's name ______________________________

Age ____________ Birthdate ______________________________ Date of last Tetanus Toxoid ______________________________

Past health/injuries ______________________________ Present health ______________________________

______________________________ Allergic reactions ______________________________

______________________________ Present medication ______________________________

☐ Check here if the participant has special needs and might require accommodations to fully participate in the program. A staff member will contact the parent or guardian for details.

Other information that would be useful in the event medical treatment is necessary: ______________________________

Insurance Information (all participants)

Parents or legal guardians are responsible for the cost of a minor's medical treatment. When available, insurance information will be processed by the health facility performing the treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company ______________________________ Address ______________________________

City/State/Zip ______________________________

Policyholder's name ______________________________

Policy number ______________________________

Contact People (all participants)

In an emergency, parents or legal guardians can be reached as follows:

Name ______________________________ Relationship to minor ______________

Address ______________________________ Daytime phone ______________

City/State/Zip ______________________________ Evening phone ______________

Cell phone ______________

Name ______________________________ Relationship to minor ______________

Address ______________________________ Daytime phone ______________

City/State/Zip ______________________________ Evening phone ______________

Cell phone ______________

If other information would be helpful in contacting you, please indicate:

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