

Medical Emergency Treatment Consent Form

I affirm I am the parent and/or legal guardian of _____
Name of Minor

As the parent/guardian, I hereby authorize, _____,
Name of Church

and _____, and/or its agents, employees or assigns to seek
Name of Driver(s)

medical treatment for _____ as a result of an accident or illness while
Name of Minor

under the supervision of _____.
Name of Driver(s)

I authorize the treatment of _____, by a qualified and licensed physician in the
Name of Minor

event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I affirm that I have read and am familiar with the church's transportation policies and guidelines. I consent to these documents of my own free will, and understand the legal consequences.

I have fully informed myself of the contents of this Emergency Treatment Consent Form by reading it before I signed it.

Parent/Guardian Please Print

DD/MM/YYYY

Signature of Parent/Guardian

Home Phone

Address

Work Phone