

Parental Consent and Medical Authorization

Please print all information

I, _____, parent (legal guardian) of _____,
born _____, do hereby consent to any medical care determined by a physician or healthcare
provider to be necessary for the welfare of my child, in the case of an emergency, while said child is under the care
of **Salem United Methodist Church** and I am not reasonably available by telephone to give consent. I will pay for any
medical expenses so incurred.

Signature of Parent (Legal Guardian) _____ Date: _____

This consent form should be taken with the child to the hospital or emergency facility when the child is taken for
treatment. This additional information will assist in treatment if it can be furnished with the consent.

Child's Name: _____ DOB: _____

Family address: _____

Telephone: Father _____ home _____ work _____ cell _____

Mother _____ home _____ work _____ cell _____

Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____