

Authorization for Medical Treatment

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

Name of parent or guardian

Name of minor

hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at Elmhurst Christian Reformed Student Ministries located at 155 W. Brush Hill Rd., in the city of Elmhurst, county of Dupage, and state of Illinois, beginning on the day of _____.

I hereby authorize the _____ and his/her officers, agents,

Supervisor / pastor / director

servants, or employees who are 18 years of age or older, who supervise the activities at this _____ into whose care my child has been entrusted, to consent to medical care

Camp / church

or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the _____ and his/her officers, agents, servants, or

Supervisor / pastor / director

employees who are 18 years of age or older, who supervise the activities at the _____

Camp / church

to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the _____ and his/her officers, agents, servants,

Supervisor / pastor / director

or employees who are 18 years of age or older who supervise the activities at this _____.

Camp / church

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____, _____

Signature of parent or legal guardian

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Additional information

Parent / guardian

Address

City

State

Zip

Home phone

Work phone

Cell phone

Medical / health insurance company

Insurance policy no.

In case of emergency, notify parent or guardian

Relationship to minor

Allergies / allergic reaction of my child

Medicine being taken by my child

Other information regarding my child's health that a doctor should know