

Consent To Treat

I/We the undersigned parent(s)/guardians of: (name all children involved)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

minor(s), do hereby authorize treatment of my/our child/ren by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

Date: _____ This consent form will remain effective **for 2010-2011**.

Medical Matters

I hereby warrant that to the best of my knowledge, my child/ren is/are in good health, and I assume all responsibility for the health of my child. **Of the following statements pertaining to medical matters, sign only those in accordance with your wishes....**

1) **Medications:** My child/ren is/are taking medications at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of the medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Name: _____ Medication(s): _____
Dosages: _____

Name: _____ Medication(s): _____
Dosages: _____

Name: _____ Medication(s): _____
Dosages: _____

Name: _____ Medication(s): _____
Dosages: _____

Signature: _____ Date: _____

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child/ren, if deemed advisable.

Signature: _____ Date: _____

3) **No medicating of any type whether prescription or nonprescription may be administered to my child/ren unless the situation is life-threatening and emergency treatment is required.**

Signature: _____ Date: _____