

**PARENTAL CONSENT FOR MEDICAL TREATMENT
FOR HIBBEN UNITED METHODIST CHURCH YOUTH**

I, the undersigned parent or guardian of _____ a minor, do hereby authorize adult workers with the youth named _____ church to consent to any examination, x-ray, anesthetic, medical or Surgical diagnosis or treatment and hospital care which if rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical enter for rendering such services.

Insurance Company of Group: _____

Policy Number _____ Last Tetanus Shot _____

Special/Medical Conditions _____

Allergies _____

Medications _____

Medicines allergic to _____

(Please print the following information)

Youth _____ Parent or Guardian _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ e-mail _____

Emergency Contact _____ Phone _____

Initial each below to indicate permission for adult youth workers to give your child the following over-the-counter medications as needed:

_____ Acetaminophen (Tylenol)

_____ Ibuprofen (Advil)

_____ Imodium or Pepto – Bismol

_____ Benadryl

Signature of Parent or Guardian

Signature of minor youth

Date

My signature confirms that I hereby witness the proper completion of this form by the minor's parents or Legal guardian.

Notary Public _____ Date _____