

Medical Consent and Permission to Treat

Name: _____ Birthdate: _____

Physician: _____ Phone Number: _____

His/Her immunizations are current: Yes _____ No _____

His/Her last tetanus/diphtheria immunization was on: _____

Parent/Guardian's Name: _____

Phone #1: _____ Phone #2: _____

Phone #3: _____

If you are unable to reach me, please contact:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

In the event of an emergency, I hereby grant permission to transport my child to the nearest hospital or medical clinic for emergency medical treatment.

Yes: _____ No: _____

My child is allergic to the following (Please list **ALL** allergies):

I authorize the designated Nurse/Doctor to give my child the following over the counter medications if deemed necessary. We will have the following medications on hand: Tylenol, Motrin, Benadryl, Benadryl Cream, anti-diarrhea, antacids, nasal decongestant, stool softeners, female products for cramping.

My child is taking prescription medication and will bring all of the medication with him/her and it will be clearly labeled. My child takes the following medication(s) and directions for taking the medications including the dosage, frequency and storage are as follows:

Please include a copy (front and back) of your insurance card!

In case of an emergency, I authorize Concordia Lutheran Church to seek medical attention for my child/ren. Concordia Lutheran Church does not assume any financial responsibility, but will provide or arrange for emergency care. By submitting this form, you are giving the appropriate CLC personnel authority to call EMS, to transport, or to obtain medical care if you or the alternate adults cannot be reached.

Signature of Parent/Guardian

Date