

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

Child's Name (Last)	(First)	(Middle)	Date of Birth
Address	City	State	ZIP Code
Parent/Guardian Name (Last)	(First)	(Middle)	
Telephone	Cell	E-Mail	

I 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 agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Print Name of Parent/Guardian	
Signature of Parent/Guardian	Date

CHURCH MUTUAL INSURANCE COMPANY AND HERMES SARGENT BATES WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS, AND IN FACT, THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.

PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Name of Facility (Camp/Church/School)			
Address	City	State	ZIP Code
Dates of Attendance			

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name	
Signature	Date

ADDITIONAL INFORMATION:

Exclude from following Activities:

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