



19088 BROWNSVILLE ROAD | CASSOPOLIS MI 49031

## CONSENT TO TREAT MINOR CHILDREN

I, \_\_\_\_\_, parent of legal guardian of \_\_\_\_\_, born \_\_\_\_\_,

do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of CAMP WAGNER / LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print or Notary Stamp)

***This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.***

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address \_\_\_\_\_

Telephone: Father \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Mother \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Child's birthdate \_\_\_\_\_ Last tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

\_\_\_\_\_  
Special Medications, blood type or pertinent Information \_\_\_\_\_

\_\_\_\_\_  
Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy \_\_\_\_\_

Preferred Hospital \_\_\_\_\_