

CONSENT TO PARTICPATE AND CONSENT TO TREAT FORM - MINOR

Planned Activity: _____

Location of activity: _____

Date(s) of activity: _____

Group/Activity leader name: _____

Other adults accompanying group: _____

Details of activity: _____

Method of Transportation: _____

Cost: _____ Payment deadline: _____

What to bring: _____

Detach lower portion and return

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Name of Child: _____

Name of Parent(s) or Guardian(s) (printed): _____

Child's Date of Birth: ___/___/___ Child's Social Security Number ____-____-_____

Address: _____

My child, _____ has my permission to participate in (activity) _____

List any activities the child is not permitted to engage in): _____

CONSENT TO TREAT:

While my child is attending this function, I hereby authorize the adult(s) in charge, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for said minor:

- (i) provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution;
- (ii) employ any physicians, dentists, nurses or other person whose services may be needed for such health care;
- (iii) review and, if necessary, disclose the contents of any confidential medical records; and,
- (iv) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

(signature of parent or legal guardian)

(date)