

Authorization for Medical Treatment

I, _____, am the parent or legal guardian of _____,

Name of parent or guardian

Name of minor

hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at ___ Fairview Christian Church (hereinafter, "camp," "church," "school," etc.), located at

Name of organization

2701 Campbell Avenue in the city of Lynchburg and state of Virginia,, beginning on the day of

_____.

I hereby authorize the Adult Sponsors Gary Harvey, Al Krantz, Stacey Jones, Chris Colbert, Erin Colbert, Bert Rowland, Tina Jefferson, Joshua Bell, Carman Lowe, Whitney Wigglesworth, Mike Swain, Bonnie McKee, or employees who are 18 years of age or older, who supervise the activities on the Youth Lock-in, and/or the Turkey Hunt, and/or The Christmas Lock-in/caroling party, into whose care my child has been entrusted, to consent to medical care or dental care, or both. The authority granted by this authorization includes the authority to 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.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____, _____

Signature of parent or legal guardian

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Additional information

Parent / guardian

Address

City

State

Zip

Home phone

Work phone

Medical / health insurance company

Insurance policy no.

In case of emergency, notify parent or guardian

Relationship to minor

Allergies / allergic reaction of my child

Medicine being taken by my child

Other information regarding my child's health that a doctor should know

This form was researched and drafted by the law firm of
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