



Consent to Treat a Minor

Please print all information

I authorize the staff at Faith Builders Day Care, who are trained in the basics of first aid, to give my child _____ first aid when appropriate. I understand that every effort will be made to contact me in the event my child needs emergency medical attention. If however I cannot be reached, I hereby authorize the Faith Builders to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child. I understand that medical staff will make appropriate decisions necessary for the welfare of my child.

This authorization is effective from _____ to _____.

(Signature of Parent or Legal Guardian)

(Date)

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.

Family address _____

Telephone: _____

Father _____

Home _____ Work _____

Mother _____

Home _____ Work _____

Child's Birthday _____ Last Tetanus _____

Allergies _____

Special Medications _____

Pertinent Information _____

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____