

**OUR SAVIOUR LUTHERAN CHURCH MEDICAL CONSENT FORM**

**September 1, 2009 – August 31, 2010**

This form is to be used for all events sponsored by Our Saviour Lutheran Church. A copy of this form will be kept on file in the church office and taken to all events in which the above named youth participates.

**CONSENT FOR TREATMENT**

I, the undersigned, hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child, \_\_\_\_\_, in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital or physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.

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Signature of parent or legal guardian

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Date

**PLEASE PRINT THE FOLLOWING INFORMATION**

Child's Name	Date of Birth
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Address	
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Father's Name	Home Phone
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Father's Place of Employment	Work Phone
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Mother's Name	Home Phone
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Mother's Place of Employment	Work Phone
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Child's Physician	Office Phone
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Family Physician (if different)	Office Phone
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Insurance Company	Phone Number
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Policy Number	SS#
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