

PARENTAL CONSENT FORM

(Authorized by Parent for another to consent
to hospitalization, surgery, or other medical
procedures during absence of parent)

Parent's Information

Father's Name	Mother's Name
Address	Address
Home Phone	Home Phone
Business Name	Business Name
Business Phone	Business Phone

Name of Child # 1

Name of Child # 2

First, MI _____
Last _____
Date of Birth _____

I/We hereby give my/ our consent for the above-named child (ren) to receive medical and/or surgical treatment and/or other medical procedures, which are required during our absence.

IN consideration of the services that are rendered to said child (ren) named above pursuant hereto, I/We agree to pay for all such services. This authorization shall be effective for the school year 2010-2011 or unless revoked by me/us.

Parent Signature

Parent Signature

Date: _____

Date: _____

Medical Insurance (Information on child) Child #1

Insurance Carrier Name _____

Address _____

City, State, and Zip _____

Group Plan Number _____ Identification No. _____

Member's Name _____ Benefit Code _____

Medical History Child # 1

Allergies, if any, including medications _____

Chronic or existing diseases or medical problems (e.g. diabetes) _____

Medications your child is now taking _____

Date and type of recent shots and vaccines _____

Medical Insurance (Information on child) Child #2

Insurance Carrier Name _____

Address _____

City, State, and Zip _____

Group Plan Number _____ Identification No. _____

Member's Name _____ Benefit Code _____

Medical History Child # 2

Allergies, if any, including medications _____

Chronic or existing diseases or medical problems (e.g. diabetes) _____

Medications your child is now taking _____

Date and type of recent shots and vaccines _____