

Parent/Guardian Consent Form 2013-14

I, _____, am the parent or legal guardian of the child(ren) listed below.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in the

_____ on _____.
(event) (date)

Signature of Parent or Guardian

Phone number(s) where I can be reached during this time period: _____

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____ am the parent or legal guardian of the below named child(ren). I 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. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

Dated: _____

(Signature of Parent or Guardian)

(Print Full Name of Parent or Guardian)

Child's Name	Birthdate	Allergies/Medications (Attach an explanation if necessary.)	Activity Exclusions (Attach an explanation if necessary.)
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_____	_____	_____	_____
_____	_____	_____	_____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred Hospital _____

Health Insurance Company and pertinent subscriber number _____