

TEMPLE BAPTIST ACADEMY

To: Any Hospital, Clinic, or Physician

DAVID WHITAKER, PRINCIPAL

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent, or legal guardian of _____, authorize any hospital, clinic, or licensed physician to treat my child, charge with any X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office of a physician who is licensed to practice.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care when the physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

Home phone _____ Copy of insurance card on back

Work phone _____

Cell phone _____

List any restrictions to your authorization to treat: _____

Date of last tetanus/diphtheria booster: _____

List any allergies to medications or foods: _____

Explain any special medication or other pertinent information: _____

This consent shall remain effective until June 1, 2017.