

## CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ This consent form will remain effective until \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes...

- 1) **Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I hereby grant permission for nonprescription medication (such as Tylenol<sup>®</sup>, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies?: \_\_\_\_\_

Any physical limitations?: \_\_\_\_\_

Any medically prescribed dietary needs?: \_\_\_\_\_

Are you a vegetarian?  YES  NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?   
YES  NO

If yes explain: \_\_\_\_\_