

Southwestern Union Conference CONSENT TO TREATMENT FORM

Only designated staff, such as the event nurses or a physician, will have access to the completed form. This form will be stored in a locked file.

This form must be completed and turned in prior to participation in Monticello YouthFest 2010 events, beginning at 5 pm September 3, and continuing through September 5, 2010.

Student's name _____ Age: _____

Date of birth _____ Social security # _____
Mo. Day Year

Address _____

Parent/Guardian's Names _____

Father/Guardian _____
Business Telephone _____ Home Telephone _____

Mother/Guardian _____
Business Telephone _____ Home Telephone _____

Please describe allergies to substances and medication _____

If on regular medication, please specify _____

Date of last tetanus shot _____

Please give the name of your local family physician to be called in case your son or daughter becomes ill or has an accident and you cannot be reached.

Family Physician _____ Telephone _____

Address _____

Hospital preference _____ Telephone _____

Insurance Company _____ Policy Number _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached.

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian: _____ Date _____