

Parent Permission/Medical Release Form

Child's name: _____

Parent(s) name(s): _____

May be reached at: (____) _____ (____) _____

Emergency contact name: _____

Phone number: (____) _____

Authorization of Consent for Treatment of a Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize the VBS Director, adult volunteers, Pastor and other representatives of Messiah Lutheran Church, as agents of the undersigned, to seek any necessary emergency medical treatment, and ambulance transport for _____ and to consent to any emergency medical treatment, and hospital care deemed advisable by a licensed physician at Lutheran General Hospital.

It is understood that this authorization is given in advance of any specific medical treatment being required, but is given to provide authority and power on the part of

Our aforesaid agent(s) to give specific consent to any and all emergency care. It is also understood that agent shall attempt to contact the parent or emergency contact person in the event of an emergency, but that treatment will be sought as deemed necessary by agent, even if agent is unable to reach parent by phone.

This authorization shall remain in effect from July 25-29, 2011.

Parent or Legal Guardian Signature _____

Date _____