

# AUTHORIZATION AND CONSENT TO TREAT A MINOR

Minor's Name

Phone No.

Street Address

City

State

ZIP Code

Date of Birth

Date of Last Tetanus Shot

Allergies

Medication Currently Being Used

Physical Disabilities Which May Limit Activities

## Emergency Contacts if Parents Cannot Be Notified:

1. \_\_\_\_\_  
Name & Phone #

2. \_\_\_\_\_  
Name & Phone #

Family Physician

Address

Phone #

The undersigned do hereby authorize a member of the **St. Francis Episcopal Church Staff** or such substitute as he/she may designate, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp, or elsewhere.

This authorization will remain effective while the above minor is en route to or from or involved or participating in any program or activity of the **St. Francis Episcopal Church, Potomac, MD** unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

## For Medical Insurance Claim Forms:

\_\_\_\_\_  
Father/Guardian's Full Name (Print)

\_\_\_\_\_  
Mother/Guardian's Full Name (Print)

\_\_\_\_\_  
Father/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date

\_\_\_\_\_  
Father/Guardian's Birth Date Social Security #

\_\_\_\_\_  
Mother/Guardian's Birth Date Social Security #

\_\_\_\_\_  
Parent's Address if Different than Minor's

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Father/Guardian's Office Phone

\_\_\_\_\_  
Mother/Guardian's Office Phone

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Insurance Company's Address

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Group #

\_\_\_\_\_  
Name & Address of Insured's Employer

\_\_\_\_\_  
Phone #

Please notify the church office if any of the above information changes.