

Consent to Treat

_____ has permission to travel to _____ on
Child's Name Location

Date

Emergency Contacts:

Home Phone: _____

Father's Cell: _____ Father's work: _____

Mother's Cell: _____ Mother's work: _____

Other: _____

Insurance:

Name of Health Insurance Company: _____

Policy Number: _____ Subscriber's Name: _____

Health History:

Is your child currently under a doctor's care? No Yes – Describe: _____

Is your child currently taking any prescription medications? No Yes

<u>Medication</u>	<u>Dosage</u>	<u>Timing</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What medications may we administer (including over the counter)? _____

Does your child have any allergies? No Yes – Describe: _____

Does your child have any physical limitations? No Yes – Describe: _____

Special Instructions: _____

I give my permission for _____ to receive emergency medical treatment.

Parent's signature

Date