



St. George's
Episcopal
Church

I do hereby give permission for my child, _____, to participate in all St. George's Episcopal Church activities for the program year September 2019 to May 2020 and/or Summer 2020.

Medical Treatment and Consent for Treatment Form

I, _____, parent or guardian of _____, do hereby authorize emergency medical personnel, emergency room personnel, hospital personnel and treating physicians to provide necessary and appropriate emergency care, surgical care, and anesthetic care which is deemed advisable, within sound medical practice, such as the occasion demands, within their best medical judgement, in the best interests of the patient. The consent includes but is not limited to all treatment necessary to preserve life, limb, and the health of the patient, X-rays, diagnostic tests, blood tests, administration of medication, scans, toxicology screens, intravenous treatments and related procedures. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility.

Medical Information

Name of Primary Medical Insurance Company:

Policyholder: _____

Medical Insurance Policy/ID Number: _____

Group Number: _____

Family Physician Name & Phone Number: _____

Date of Last Tetanus Immunization/Booster: _____

Known allergies or chronic medical conditions: _____

Medications:
