



## CONSENT TO TREAT MINOR CHILDREN

(Please print all information)

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Vero Beach Rowing and I am not reasonably available by telephone to give consent.

This authorization is effective from 8/1/21 to 7/31/22.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

***This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.***

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address \_\_\_\_\_

Telephone: Parent/Guardian - Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian - Home \_\_\_\_\_ Work \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Preferred Hospital \_\_\_\_\_