



**CONSENT TO TREAT MINOR CHILDREN**  
Please print all information

I, \_\_\_\_\_, parent or legal guardian  
of \_\_\_\_\_ (name)/ \_\_\_\_\_ (birthdate-mm/dd/yyyy),  
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 Cody Hensley or another Glynwood  
Baptist Church Chaperone and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ (Today's date) to \_\_\_\_\_.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*\*\*This information will assist in treatment if it can be furnished but is not required.\*\*\*\*

Home address \_\_\_\_\_

Telephone: Father (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Mother (home) \_\_\_\_\_ (work) \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

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

Special Medications, Blood Type or Other Needs \_\_\_\_\_  
\_\_\_\_\_

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

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

Policy Holder's Name: \_\_\_\_\_ and Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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