

**St. Paul's United Methodist Church**  
**AUTHORIZATION TO CONSENT**  
**FOR**  
**TREATMENT OF A MINOR**

I hereby grant to St. Paul's United Methodist Church staff or adult volunteers the authority to give an informed consent for the treatment of:

\_\_\_\_\_ (Child's Name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Date of Birth)

should such child require medical care of any nature by reason of any condition or incident, except that the following procedures should not be performed without my consent unless the concurring medical opinion of two physicians is that such procedures are necessary to relieve the suffering or preserve the life or limb of such child and I cannot be reached after reasonable attempts:

- a) Major surgery
- b) \_\_\_\_\_  
(other, if any)

Facts concerning the child's medical history, including allergies, physical impairments, **last tetanus shot** and medications being taken, to which a physician should be alerted are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our family physician is: Dr. \_\_\_\_\_  
Phone: \_\_\_\_\_

Our family dentist is: Dr. \_\_\_\_\_  
Phone: \_\_\_\_\_

Our hospital choice is: \_\_\_\_\_

Our health insurance plan is: \_\_\_\_\_

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

This authorization expires at noon on **August 31, 2009**.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home phone) (Work phone) (Cell phone)