

Consent to Treat

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

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
CT 0611

Date