

Here to Help Learning

Medical Consent Form

Name of Child _____

Gender _____ Date of Birth _____

Address _____

Home Phone _____

Food and/or Medication Allergies _____

Date of Last Tetanus Shot _____

Child's Height _____ Child's Weight _____

Medical Insurance Carrier Name _____

Medical Insurance Group Number _____

Medical Insurance Phone Number _____

Child's Doctor _____

Doctor's Address _____

Doctor's Phone Number _____

Any other medical conditions that would prevent your child from participating fully? Circle one: Yes/No

If yes, please be specific _____

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Emergency Contact Information

Relation to Child _____

Name _____

Home Phone _____ Cell Phone _____

Relation to Child _____

Name _____

Home Phone _____ Cell Phone _____

Name of Persons that are authorized to pick up your child:

- _____
- _____
- _____

We the undersigned parents/guardian of _____, a minor, have legal authority, and do hereby authorize and consent to any X-ray, examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act and on the staff and any acute general hospital holding a current license to operate a hospital from the California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of above treatment will not be withheld if the undersigned cannot be reached. The undersigned also assumes the responsibility for any costs connected with treatment. The undersigned also is stating that the information on this document is true and correct and agrees to notify Here to Help Learning of any changes. This Medical release will remain in effect until June 2013. The undersigned also releases, *Here to Help Learning* or any of its staff or owners from any and all liability.

Parent/Guardian Signature

Print Name

Date