

CONSENT FOR SURGICAL AND/OR MEDICAL TREATMENT

We hereby grant permission for Forest Festival volunteers/chaperone to seek the medical treatment for _____ in the event such treatment is deemed necessary.

We further consent to medical or surgical treatment by any licensed physician, clinic, and /or hospital and further consent to administration on necessary anesthetics, medical treatment, test, suturing, x-ray, draining of blood for lab tests, transfusions, drugs, and whatever the performing of operations may be deemed necessary or advisable during her stay in the clinic or hospital. We further understand that we will be responsible for any and all medical bills as a result of any medical care.

The permission is granted subject to the aforementioned individual and/or doctors making a reasonable effort to contact his/her parents, grandparents, guardian, or family physicians as identified below:

Parents: _____ Home Phone: _____

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

Grandparents: _____ Phone: _____

Family Physician/Clinic: _____ Phone: _____

PLEASE COMPLETE:

Has your daughter/son had a complete tetanus series? YES / NO

Date of last tetanus booster? _____

Does your daughter/son have any chronic diseases or drug allergies (ie. A reaction to penicillin) that might interfere with emergency medical or surgical treatment? If yes, please list:

Name of Insurance Company: _____

Group Number: _____ ID # _____

(Please attach a copy of your child's insurance card)

Signature of Parents/Guardian

Date

Signature of Court Member

Date