

Consent For Medical Treatment Form

Zion Lutheran Church
25105 132nd AVE SE
Kent, WA 98042
253-631-0100
www.zionkent.org

Family's Last Name _____

Address _____ City _____ Zip _____

Parent/Guardian Names _____

Home Phone _____ Work Phone _____

Are there any other ways to contact you in case of an emergency? _____

List all youth in your family ages 3 years through 12th grade:

Name	Date of Birth	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned hereby authorize a representative of Zion Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be give to my son/daughter (as listed above) as considered advisable or necessary in the judgment of an emergency medical professional or attending physician:

Parent/Guardian Signature _____ Date _____

Additional Emergency Contact Name _____

Relationship _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Company _____

Subscriber _____ Policy # _____

Dental Insurance Company _____

Subscriber _____ Policy # _____

Please complete the other side for specific information regarding each child named above.

Name of Youth _____

Date of Birth _____ Grade _____

Allergies _____

Physical limitations _____

Pre-existing conditions (physical, emotional, etc.) _____

Medication currently used _____

Medication to be taken during event (please also state who is to administer meds) _____

Other comments or information related to health: _____

Any information different for this child from what is listed on the front? _____

Name of Youth _____

Date of Birth _____ Grade _____

Allergies _____

Physical limitations _____

Pre-existing conditions (physical, emotional, etc.) _____

Medication currently used _____

Medication to be taken during event (please also state who is to administer meds) _____

Other comments or information related to health: _____

Any information different for this child from what is listed on the front? _____

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Any information different for this child from what is listed on the front? _____

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