

# Consent For Medical Treatment Form

Zion Lutheran Church  
25105 132<sup>nd</sup> AVE SE  
Kent, WA 98042  
253-631-0100  
[www.zionkent.org](http://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 12<sup>th</sup> 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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Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

Physical limitations \_\_\_\_\_

Pre-existing conditions (physical, emotional, etc.) \_\_\_\_\_

Medication currently used \_\_\_\_\_

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Other comments or information related to health: \_\_\_\_\_

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

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Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

Physical limitations \_\_\_\_\_

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Other comments or information related to health: \_\_\_\_\_

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

