

BROADWAY CHURCH OF CHRIST

P.O. Box 7315, 2855 Broadway
Paducah, Kentucky 42002-7315
(270) 443-6206

GENERAL PARENTAL CONSENT FORM

Subject: Authorization for Medical Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the youth of Broadway church of Christ as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis of treatment and hospital care which is required under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Additionally, I will be personally responsible for expenses incurred for reasonable necessary medical treatment for the minor.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further to hold harmless and physician, hospital, or other medical center for rendering such services.

Please provide the following information:

Insurance Company or group: _____

Policy Number: _____

Allergies: _____

Parent of Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): (_____) _____ (Office): (_____) _____

Signature of Parent or Guardian: _____

Witness: _____

Date: _____