

Church For The ONE
4777 Lakeland Highlands Road
Lakeland, FL 33813

Church For The ONE Medical Consent to Medical Treatment of a Minor Form

Date: _____ Student Grade: _____ Age: _____

Student's Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Parents/Legal Guardian: _____

Medications presently taken: _____

How often are the medications taken? _____

Allergies: _____

Family Physician: _____ Phone: _____

Insurance Co.: _____ Policy No.: _____

Address: _____ Phone No.: _____

In the event of illness or injury, I hereby authorize the staff of Highland Park Church to consent to and authorize any X-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, including dental care of _____ (minor's name) deemed advisable by a licensed physician and surgeon and provided by that physician or under that physicians' supervision, regardless of where that treatment is provided. Medical Insurance **is not** provided by the church.

Parent/Legal Guardian Signature: _____

Print Name: _____ Date _____

Please specify relationship to minor: Parent with legal custody

Guardian with legal custody

------(To be signed before a Notary)-----

STATE OF FLORIDA

COUNTY OF _____ On this _____ day of _____, 20____ Personally
appeared _____
who is personally known or provided
_____ as identification.

(Seal)

Notary Public

Expiration Date: _____