

Consent Form for Treatment of a Minor

(Sample Idea)

I (We), the undersigned parent(s)/guardian(s) of the minor(s) listed below, do hereby authorize

Coeur d'Alene Christian School

(Adult into whose care minor(s) is entrusted)

Or _____

(Family doctor or pediatrician)

or Emergency room physician in charge at **Kootenai Medical Center**

to act in my (our) place for all necessary and appropriate x-ray and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision or surgeon licensed to practice medicine under the laws of the state of Idaho. It is understood that this authorization, which is valid for 12 months from the date below unless sooner terminated, is given in advance of any specific diagnosis, treatment or hospital care, but is given to provide authority and power on the part of my (our) aforesaid(s) to give specific consent to any physician in the exercise of their best medical judgment is deemed advisable, and is within sound medical practice in the community and is in the best interest of the children.

I (we) assume all financial responsibility for the delivery of such care.

<u>Child (ren) Name(s)</u>	<u>Birth Date</u>	<u>Blood Type</u>	<u>Allergies</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Signature

Date