

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian of _____ a minor, do hereby authorize name(s): Andrew Moody, Nakita Brack, and David Brack of Christ Covenant Presbyterian Church as my agent(s) to consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis or treatment and care which is deemed advisable by, and is to be rendered under, the general or special supervision of, a licensed physician. This authorization specifically includes hospital admission if such is deemed necessary by the physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the aforesaid agent(s) to give specific consent to any and all such evaluation, diagnosis, treatment or care which a physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization also grants to my agent(s) the power to sign for release of information to any third party payors who may be responsible for part or all of the cost of the services provided. This authorization shall remain effective from _____ to _____ unless sooner revoked in writing delivered to said agent (s).

_____ Date

_____ Signature of parent, guardian or other legal representative

Patient Information For Minor Listed Above

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephones Where Parents May Be Reached:

Father: _____ Home: _____ Work: _____

Mother: _____ Home: _____ Work: _____

Family Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy No. _____

Last Tetanus Booster: _____

Allergies to Drugs or Foods: _____

Any Special Medications Or Pertinent Information: _____
