



Authorization to Consent to Treatment of Minor

(I)(We), the undersigned, parent(s) guardian(s) of _____, a minor, do hereby consent to any X-ray examination, 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 of any licensed physician and surgeon. It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of the Fellowship Youth Camp's staff to give specific consent to any and all such diagnosis, treatment, transportation, or hospital care which the physician and/or emergency medical personnel may deem advisable in the exercise of best judgment. (I)(We) also give permission for the camp nurse to administer Tylenol (acetaminophen) [or equivalent] if requested by camper and to advise or administer basic emergency medical care including approval of emergency medical transportation.

Parent(s) or Guardian(s) Signature

Date

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