AUTHORIZATION FOR EMERGENCY CARE TO MINOR

I/We the undersigned parent(s) or legal guardian of the minor listed below:

_____ _____

(Minor's Name) (Birth date)

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State where care is rendered and hospital service that may be rendered to said minor under the general, specific or special consent of **Tulsa Bible Church** representatives (the persons who are the temporary custodians of the minor) whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a licensed hospital. I/We authorize the physician or dentist to call in any necessary consultants, in his/her discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain **effective from** _____ **to** _____, unless sooner
(date) (date)
revoked in writing , delivered to said physician or dentist or to said persons entrusted with the custody, care and control of said minor child.

_____ _____

Parent/Guardian Signature Date

_____

Phone

Medical Insurance and History Information

_____ _____

Health Insurance Company Policy number

_____

Insurance Company Phone Number

Please list any current or previous health conditions that leadership should be aware of:

_____

_____

Please list allergies

_____

_____

Please list medications minor is currently taking

_____

Note: Students who are 18 or over must still complete insurance and medical history information