

Youth Choir, First United Methodist Church, Cookeville, Tennessee  
CONSENT FOR MEDICAL/EMERGENCY TREATMENT  
CONSENT TO TRAVEL

In presenting my child for diagnosis and treatment,

I, \_\_\_\_\_ For \_\_\_\_\_  
(Parent's Name) (Child's Name)

of \_\_\_\_\_ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of child's condition.

I have read this form and I certify that I understand its contents. I hereby give my consent to the Choir Directors or Parent Volunteers to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. This permission will be effective from November 1, 2009 through October 31, 2010. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name _____		Home Phone _____	
Address _____		City _____	St _____ Zip _____
Name and Address of Insurance Carrier _____			
_____			
Group # _____		Policy # _____	
Family Doctor _____		phone _____	
Pediatrician _____		phone _____	
Dentist _____		phone _____	
Any special Medical Conditions _____			
Date of last Tetanus Booster _____		Any Current Medications _____	
<input type="checkbox"/> Youth Choir Directors or Parent Volunteers have my permission to give regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my child. Please dispense _____ 1 tablet or _____ 2 tablets.			
<input type="checkbox"/> No permission is given to administer acetaminophen.			
Parent Signature _____		Date _____	