



CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, _____ and _____, parent(s) or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Rock-Paper-Scissors Children's Fund and I am not reasonably available by telephone to give consent. This authorization is effective from _____ to _____.

Signature of Parent (s) or Legal Guardian _____

Witness Signature Witness Name (please print) _____

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Father _____ home _____ work _____

Mother _____ home _____ work _____

Child's Last Tetanus _____

Allergies to drugs or food _____

Special Medications, Blood Type or Pertinent Information _____

Child's Physician _____ Phone _____ Insurance _____

Policy # _____

Signature of legal guardian #1: _____ Printed name of legal guardian #1: _____

Given under my hand and official seal this ____ day of _____ 20__ in the state of _____ and county of _____, before me personally appeared _____ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: _____ Notary Printed Name: _____

Notary Public in and for the State of _____ My appointment expires on _____

Signature of legal guardian #2: _____ Printed name of legal guardian #2: _____

Given under my hand and official seal this ____ day of _____ 20__ in the state of _____ and county of _____, before me personally appeared _____ known to be the individual, described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Signature: _____ Notary Printed Name: _____

Notary Public in and for the State of _____ My appointment expires on _____