

AUTHORIZATION OF CONSENT TO EMERGENCY CARE OF MINOR

This _____ day of _____, 20____, I, _____ of _____, the parent of, _____, a minor, born _____, do hereby authorize any one of the officers and staff of Brethren Disaster Ministries to consent to any emergency care, including X-ray examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon duly licensed to practice medicine in any state.

_____ has the following allergies and/or medical conditions:

Insurance Company: _____ Policy #: _____

Phone number in case of emergency: _____

Signature of Parent or Legal Guardian:

Signature of Witness:

Authorization of Consent to Emergency Care of Minor

This _____ day of _____, 20____, I, _____ of _____, the parent of, _____, a minor, born _____, do hereby authorize any one of the officers and staff of Brethren Disaster Ministries to consent to any emergency care, including X-ray examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon duly licensed to practice medicine in any state.

_____ has the following allergies and/or medical conditions:

Insurance Company: _____ Policy #: _____

Phone number in case of emergency: _____

Signature of Parent or Legal Guardian:

Signature of Witness: