



NORTHMINSTER DAY SCHOOL

2400 Old Alabama Road • Roswell, Georgia 30076 • (770) 998-4992 • www.northminsterdayschool.org

A Ministry of  NORTHMINSTER
Presbyterian Church (USA)

AUTHORIZATION TO TREAT A MINOR

(I) (we), the undersigned, parent(s) or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed or directed by, any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. It is further understood that I (we) will assume full responsibility for all charges related to the above and release the hospital, Northminster Day School, Northminster Presbyterian Church and all their employees from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

This authorization shall remain in effect for the current school year, unless sooner revoked in writing and delivered to said agent(s).

Signature (Father, Mother or Legal Guardian) _____ Date _____

Please print name _____

Address _____

MINOR'S MEDICAL INFORMATION

Child's Name _____ Telephone Number _____

Address _____

Birthdate _____ Last Tetanus Booster _____

Allergies to Drugs or Foods _____

Special Medications or Other Information _____

Family Physician _____ Phone Number _____

Insurance Company _____ Policy Number _____

TELEPHONE NUMBERS

Father's Name _____ Home Number _____

Work Number _____ Cell Number _____

Mother's Name _____ Home Number _____

Work Number _____ Cell Number _____

If the parents cannot be reached, please list two (2) additional people to contact.

<u>Name</u>	<u>Relationship to child</u>	<u>Phone Number</u>
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