

# MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity on every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the club director.

1. The Doctor - a doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).
2. The Child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.
3. The Director - if a child is injured and is not able to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

## **Note:**

Medical consent forms may be dated in such a way that they are good for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

**Form stays in Local Church**

# MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_

Food allergies \_\_\_\_\_

Medication allergies \_\_\_\_\_

Medications receiving now \_\_\_\_\_

Medical history (i.e., recent surgery, diabetic, chronic illness) \_\_\_\_\_

Person to notify in case of accident or illness if parents are not available

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of \_\_\_\_\_ to \_\_\_\_\_.

- Emergency Surgery
- First Aid
- Both of the above
- None of the above

(One of the types of treatment must be marked.)

**ALL MEDICAL CONSENTS MUST BE NOTARIZED**

Signature of Parent/Guardian \_\_\_\_\_

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(Notarial Seal)

Notary \_\_\_\_\_

Public signature, State of Florida