



MINOR CONSENT FORM

When attending an out-of-state or out-of-country field trip, MSD Washington Township Schools suggests that parents with minor children complete this Consent to Treat Minor Form. This gives legal permission to treat your child in case of illness or injury if you cannot accompany your child to the hospital. The law requires the hospital to receive permission from a child's natural parent or legal guardian before treatment if illness or injury that is not life threatening. If this form does not accompany the person bringing the child in for treatment, the parent must be contacted prior to treatment.

This form MUST be dated and is good for no longer than a 90-day time span.

AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE

Child's Name: _____ Date of Birth: _____

Allergies: _____

Date of Last Tetanus Shot: _____

Medical Conditions: _____

Current Medications: _____

Family Physician: _____

Physician Phone: _____

Preferred Specialist (Orthopedist, surgeon, etc.) _____

Patient's/Student's Home Address _____

Phone # _____ City _____ State _____ Zip _____

I hereby grant MSD Washington Township Schools' authorized travel chaperone(s) permission to authorize emergency medical treatment for my above listed child in my absence.

Start Date: _____ **through End Date:** _____

Insurance Name _____ **Policyholder Name:** _____

Social Security Number/Policy # _____

Group # _____

Parent/Legal Guardian Signature _____

Witness Signature: _____

