

North Perry Pee Wees Consent for Medical care and Treatment

I, _____, the parent /legal guardian of _____,
Authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted, I waive my right of informed consent to such treatment.

Signature of parent/guardian

Address:

Home phone:

Cell phone:

Father's name:

Work phone:

Mother's name:

Work phone:

Child's birth date:

dd/mm/yy

Age:

Name of local friend or relative/phone:

Health insurance company:

Allergies?

Medications?

Physician name and phone: