CONSENT FOR PARTICIPATION AND
AUTHORIZATION TO GRANT CONSENT FOR
MEDICAL OR DENTAL TREATMENT OF MINOR CHILD

I (We), _____ (and _____), of

_____, _____, _____, parent(s), or legal Guardian(s) of

_____, a minor, do hereby consent to said minor taking part in

_____
(Event)

and authorize the adult bearer of this Consent/Authorization to grant consent on my (our) behalf for medical or dental treatment for said minor, which treatment may include any examination, x-ray, anesthetic, medical, surgical or dental diagnosis and/or treatment, and hospital care, to be rendered under the general or special supervision of the staff at any physician's or dentist's office health care center or hospital.

STATE OF _____)
) ss.
COUNTY OF _____)

_____
(Signature of Parent or Legal Guardian)

Subscribed and sworn to before me this _____

day of _____, 20_____

_____
(Signature of Parent or Legal Guardian)

_____
Notary Public

My commission expires: _____

Medical History of Minor Child
[Please type or print clearly]

Minor's Name: _____ Date of Birth:_____

Home Address: _____

Parent(s) or
Legal Guardians: _____ Area Code &
Telephone No: (_____) _____

Next Relative or
Responsible Party: _____ Area Code &
Telephone No: (_____) _____

Minor Child's
Physician: _____ Area Code &
Telephone No: (_____) _____

Minor Child's
Dentist: _____ Area Code &
Telephone No: (_____) _____

Allergies: _____

Medications: _____

Chronic Illness or
Physical Handicap: _____

Date of Last
Tetanus Shot: _____

Insurance Company: _____

Name of Employer,
If Group Policy: _____ Group Policy
Number:_____

Name of
Primary Insured: _____ Social Security
or I.D. Number: _____