

Authorization for Medical Treatment

Conformed as to Washington State Law

I, _____, am the parent or legal guardian of _____
(name of parent or guardian) (name of child)

Hereinafter, "my child," who was born on _____. My child is attending and participating in activities at Edmonds United Methodist Church (hereinafter, "camp," "church," "school," etc.) located at _____ in the city of _____ county of _____ and state of _____, beginning on the day of June 1, _____.
(year)

I authorize the Youth Leader/Pastor and his/her officers, agents, servants, or employees who
(Supervisor/Pastor/Director)
are 18 years of age or older, who supervise the activities at this church in whose care my child
(camp/church)
has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6902 and 6910 of the Washington Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Youth Leader/Pastor and his/her officers, agents, servants or
(Supervisor/Pastor/Director)
employees who are 18 years of age or older, who supervise the activities at the church to
(camp/church)
receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody to my child to the Youth Leader/Pastor and his/her officers,
(Supervisor/Pastor/Director)
agents, servants, or employees who are 18 years of age or older who supervise the activities of this church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____

Signature of Legal Guardian _____

Additional Information

Parent/guardian

Address

City/State

Zip

Home Phone

Work Phone

Cell Phone

Medical/Health Insurance Company

Insurance policy no.

In case of emergency, notify parent or guardian

relationship to minor

Allergies/allergic reaction of my child

Medication being taken by my child

Other information regarding my child's health that a doctor should know

This form was researched and drafted by the law firm of
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