

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born
the ___ day of _____, 20___ do hereby consent to any medical care and
the administration of anesthesia determined by a physician to be necessary for the welfare of
my child while said child is under the care of the Director of Religious Education of Our Lady,
Mother of the Church, City of Chicago, State of Illinois and I am not reasonably available by
telephone to give consent.

This authorization is effective from the **7th day of September 2019** to **4th day of April 2020**.

Signature of Parent or Legal Guardian

Date

This consent form should be taken with the child to the hospital or physician's office when the
child is taken for treatment. This additional information will assist in treatment if it can be
furnished with the consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

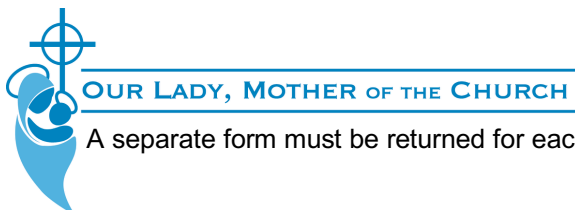
Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____



A separate form must be returned for each individual child within a family.