

CONSENT FOR MEDICAL OR DENTAL CARE OF A MINOR

1. _____
Parent (s) Address City State Zip

Child's Name Date of Birth Allergies

Name, Address & Phone Number of Physician

Emergency Number: _____

2. Medical Insurance Information

Company: _____ Policy Number: _____

3. The undersigned acknowledges that they are the parents or legal guardian of the child named in section 1 above.

4. I/We hereby appoint, empower, and authorize ...

Faith Academy Person Appointed _____
8650 Tanner Williams Road
Mobile, Alabama 36608
(251-633-7267

... to consent to any medical or dental treatment or procedure, including but limited to diagnostic tests, x-ray examination, anesthesia, or other treatment or procedure deemed advisable by hospital staff. If circumstances permit, Dr. _____ should be consulted in connection with any procedures required.

The hospital, physicians, and personnel may rely upon the consent or authorization by the person named in paragraph 4 above with the same force and effect as if personally executed by the undersigned.

Signature of Parent/Guardian

Date