

# RVCC Parental/Guardian Consent to Treat a Minor

This form is to be completed annually and taken on each outing.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.

Age: \_\_\_ Gender: \_\_\_ Phone number: \_\_\_\_\_.

Address: \_\_\_\_\_.

## **Insurance information**

Insurance Company: \_\_\_\_\_.

Insurance Company Phone: \_\_\_\_\_.

Subscriber Number: \_\_\_\_\_ Group Number: \_\_\_\_\_.

Subscriber Name: \_\_\_\_\_.

Relationship of child to subscriber: \_\_\_\_\_.

I, \_\_\_\_\_, (printed name of parent/guardian) being the parent or legal guardian of

\_\_\_\_\_, (printed name of minor) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_.