Form 7 - Consent to Treatment of Minors

I/We the undersigned parents/legal guardians of _______ do hereby authorize the staff of Beth Haven Baptist Academy to act as agents for the undersigned to receive any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment, or hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medical Practice Act of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken if possible and prudent.

Please specify specific allergies to food, medicine, etc.

Please comment on physical problems or special instructions:

My student may be given Tylenol, ibuprofen, cough syrup or Pepto-Bismol? YES _____

_____NO, I do want the staff of Beth Haven Baptist Academy to give my child any pain relief medicine.

Father's Signature or legal guardian	Mothe	Mother's Signature		
Date	Date	Date		
Record of treatments given:				
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
Treatment	Date	Amount	Staff Initials	
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