

**Parent/Guardian Consent
To Treat A Minor Form**

(This form is valid February 10-11, 2012)

Being the parent or legal guardian of _____, (minor's name printed) I _____ (parent/guardian's name printed) 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 the treatment. In the event 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 leaders 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 or hospital care treatment that is given to my child. Any policy of St. Luke's Episcopal Church sponsoring this event will be used as the secondary coverage.

Minor's date of birth: _____

Date: _____ Parent/Guardian Signature: _____