

Consent to Medical Care And Treatment for Minors

Richland Alliance Church
(509) 943-6673

Permission slips must be filled out for each person under the age of 18. The original of the slip must be carried by the group leader for trips out of the Tri-City area. A copy of the slip must be kept on file in the church office. Permission slips are valid for a 12 month period.

In case of an accident, notify the parents of any children involved, the insurance company which insures the car involved, the church and the church's insurance company.

Church Mutual Insurance Company
Keller Insurance
1111 Jadwin Ave.
Richland, WA 99352
(509) 946-4103

I, _____ parent/legal guardian of _____
authorize and consent to all medical and/or surgical treatment to be performed for my
child by a licensed physician or hospital when deemed advisable by an attending
physician when I cannot be contacted.

Date: _____ Signature of parent/guardian _____

Medical Information on Child

Birthday _____ Date of last Tetanus Shot _____

Drug Allergies _____

Child's Physician _____

Medical conditions or previous surgeries _____

Regular Medications _____

Insurance _____ Policy# _____

Family Information

Address _____ Phone# _____

Father's work phone# _____ Mother's work phone# _____

Local relative or friend _____ Phone# _____