

Parental Authority to third party for consent  
to medical treatment for minor child

I hereby authorize The Presbyterian Church of Washington's Parents' Day Out Staff to assume responsibility for the medical treatment of my child

\_\_\_\_\_.

Valid from September 1, 2010 through May 30, 2011.

I further authorize the above to consent to any emergency treatment deemed necessary, if I cannot be contacted. This authorization does not cover major elective surgery unless the medical opinions of two other licensed physicians, concurring with the necessity of such surgery are obtained prior to the performance of such surgery.

Known allergies: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Child's birth date: \_\_\_\_\_

Name and # of Family Physician: \_\_\_\_\_

\_\_\_\_\_

Signatures of both Parents or explanation/guardianship/custody papers if not able to obtain both signatures.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date