BOHRN TO ACHIEVE

Childcare & Preschool

Authorization to Treat a Minor

This consent shall remain effective until ________________, of the year __________.

I (we) the undersigned parent, parents or legal guardian of __________________________________, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medicine Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Idaho Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _________________________________ (continue on back if necessary)

Signature of Father, Mother, or Legal Guardian:

____Date: _____________________

____Date: _____________________

Child's Birth Date: ______________________

Allergies to Drugs or Food:

____

Any Special Medications or Pertinent Information:

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Preferred Hospital:_____________________________________Phone:__________________

Child's Physician: ______________________________________Phone:_________________________

Insurance Company and Policy Number:

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