

THIS FORM MUST BE COMPLETED FOR EACH CHILD, AGE 0-18 YEARS.

FIRST-AID CLINIC

Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a nurse/doctor without consent from a parent or legal guardian.

Minor's name: _____ AGE: _____ DOB: _____

For those occasions when you may not be with your child, **please list those individuals who may give us consent to see your child:**

_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number
_____	_____	_____
Name	Relationship to Child	Phone Number

It is always recommended that a consenting adult accompany a minor when receiving medical care but in the event of an emergency; consent may be given to provide 1st aid or emergency care to the minor child.

ALLERGIES: _____

Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**
This consent shall be in effect for the following dates: Date: July 21-24, 2025

AUTHORIZATION:

I (parent/legal guardian name) _____ Phone: _____

Request and authorize The First Aid Clinic at Family Camp and its personnel to deliver first-aid medical care to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and understand this form.

Parent or Legal Guardian (please print) _____ Relationship _____

Parent or Legal Guardian Signature _____ Date _____

**PLEASE MAIL COMPLETED FORM TO P.O. BOX 39, HILLSBORO, OH 45133;
OR SCAN/EMAIL TO P2PM_OFFICE@YAHOO.COM**