

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: _____ GRADE: _____

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
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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 27-30, 2026

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