

**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: \_\_\_\_\_ 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 Patient

\_\_\_\_\_  
Name Relationship to Patient

\_\_\_\_\_  
Name Relationship to Patient

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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 1<sup>st</sup> aid or emergency care to the minor child.***

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 24-27, 2023

**AUTHORIZATION:**

I (parent/legal guardian name) \_\_\_\_\_

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**