

Markham Woods Church of Seventh-day Adventists
Medical Consent Form

Child's Name _____ Birthday _____ Age _____ Gender _____

Child's Main Address _____

Name of Legal Guardian #1 _____ Relation _____

Mobile Phone _____ Other Phone _____

Email _____

Name of Legal Guardian #2 _____ Relation _____

Mobile Phone _____ Other Phone _____

Email _____

The Child is covered by Medical Insurance from which Guardian? _____

Insurance Provider _____ Member ID # _____

Guardian's Employer _____ Work phone _____

Family Physician's Name _____ Phone _____

Physician's Address _____

Child's Medical History:

Weight _____ Height _____ Last Tetanus Shot _____

Medication Allergies _____

Major Allergies _____

Current Medications _____

Medical History (i.e. recent surgery, diabetic, chronic illness) _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above mentioned child, effective from September 1, 2021 to August 31, 2022.

____ First Aid and Emergency Surgery

____ First Aid Only

____ None of the Above

Signature of Parent/Guardian _____

Signed before me this _____ day of _____, 2021.

Notary Signature _____

(Date of seal expiration)

