

FORM F

Name of Youth _____ Grade _____

**PORTAGE CHAPEL HILL UNITED METHODIST
CONSENT FOR TREATMENT OF A MINOR
and TRANSPORTATION CONSENT FORM**

I, _____ being the parent or legal

guardian of _____ give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician’s assistants and designees including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. The minor named in this consent may receive all treatment provided according to generally accepted standards of medical practice with the following limitations. (If none, write “none”) _____.

My consent is effective from August 1, 2011 through August 1, 2012.

Emergency Phone #s: _____

Name and phone number of contact person (other than parent/guardian):

Preferred hospital: _____

Medical Insurance Information: _____

Allergies to medicines or other special problems that a physician should know before treatment: _____

I also give permission for this minor to be transported in automobiles driven by adult chaperones to and from PCHUM sponsored activities during the 2010-2011 school year. I have reviewed the calendar of events and understand that this permission form covers any future events for the year. Any changes to the published schedule will be announced as soon as possible.

(SIGNATURE OF PARENT/LEGAL GUARDIAN)

DATE