

TERRY TUTORS

Serving The Whole Student

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT

I/We, the undersigned parent(s) of [Child's Name]: _____, a minor, do hereby authorize the Owner of Terry Tutors, Christine Terry, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effect for the duration of Terry Tutors Services, unless sooner revoked in writing and delivered to the agent.

CHILD'S MEDICAL INFORMATION

Is Child Allergic to any medications? _____ If yes, please list below:

Any other medical information we should be aware of while Child is in our care?

MEDICAL PROVIDER/DOCTOR INFORMATION

Medical Provider/Doctor Name: _____

Medical Provider/Doctor Phone: _____

PARENT/LEGAL GUARDIAN SIGNATURE

Print: _____ Sign: _____ Date: _____

Print: _____ Sign: _____ Date: _____