



## Parent Consent to Treat a Minor

**(This form should be completed annually and a copy should be taken on each trip.)**

Being the parent or legal guardian of \_\_\_\_\_ (minor's printed name),  
I \_\_\_\_\_ (parent/guardian's printed name) do consent to any x-ray,  
anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for  
my minor child. Further, I understand that all efforts will be made to contact me prior to treatment.  
In the event I cannot be reached in an emergency, I give permission to the activity leader to make  
the decisions necessary for treatment. Should there be no activity leader available, I give  
permission to the attending physician to treat my minor child. I further understand that the  
doctors, dentists, and other providers attending to my child will take all reasonable safety  
precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor  
child and agree that my insurance plan is the primary plan to pay for the dental, medical, or  
hospital care or treatment that is given to my child. Any policy of the organization sponsoring this  
event will be used as the secondary coverage.

Minor's date of birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_