

## CONSENT TO AUTHORIZE MEDICAL TREATMENT

I/We, \_\_\_\_\_, (Printed Name(s):  
\_\_\_\_\_) am/are the parents of a minor  
child, as follows:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

While my/our child is participating in \_\_\_\_\_ on \_\_\_\_\_, as a part of the Glendale Road Church of Christ Youth Group and in the care, custody, and control of any of the following persons, I/we do hereby give our unqualified assent for any of them to consent to medical treatment on our child's behalf and act in our stead were we present:

- |    |                   |   |              |
|----|-------------------|---|--------------|
| 1. | Nick Hutchens     | - | Youth Leader |
| 2. | Meredith Hutchens | - | Youth Leader |
| 3. | _____             | - | Youth Leader |
| 4. | _____             | - | Youth Leader |
| 5. | _____             | - | Youth Leader |

I further grant Nick Hutchens the ability to add the name of any additional youth leaders in the blanks set forth above. This Consent to Authorize Medical Treatment shall commence on this date and shall continue in effect until \_\_\_\_\_, or until it is revoked in writing by the undersigned.

This the \_\_\_\_ day of \_\_\_\_\_, 200\_\_:

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_