



A 501c3 Non-denominational Christian Ministry

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## Authorization of Consent to Treatment of a Minor

I, \_\_\_\_\_, being parent or legal guardian of

\_\_\_\_\_,  
**(Full Name of Minor (Type or Print Clearly))** hereby authorize the "Resurrection Disaster Relief Inc." officer or other adult representative of "Resurrection Disaster Relief Inc.", into whose care I have entrusted my child, to consent to any x-ray, examination, anesthetic, medical treatment, hospital, or surgical care that may be required for my child in case of any emergency during any travel or activity in connection with "Resurrection Disaster Relief Inc.". I understand that all reasonable attempts will be made to contact me.

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

\_\_\_\_\_  
*Date*

Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### **PERSON TO NOTIFY IF PARENT OR GUARDIAN IS NOT AVAILABLE**

\_\_\_\_\_  
*NAME*

\_\_\_\_\_  
*RELATIONSHIP*

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **PERTINENT MEDICAL HISTORY** (ANY DRUG, FOOD, OR ENVIRONMENTAL ALLERGIES, PREVIOUS ILLNESS OR INJURY, ACTIVITY LIMITATIONS)

\_\_\_\_\_  
MINOR'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN Telephone: \_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

ID# / GROUP / ACCOUNT NUMBER: \_\_\_\_\_