

**AUTHORIZATION TO CONSENT TO MEDICAL  
TREATMENT/AND SURGICAL PROCEDURE FOR MINOR  
CHILD AND RELEASE OF LIABILITY**

Student(s)/Minor Child(ren) Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Name(s): \_\_\_\_\_

Home Phone \_\_\_\_\_ Number to be called first \_\_\_\_\_

Mom Cell# \_\_\_\_\_ Dad Cell# \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_

Name of Student's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Is your physician listed above permitted to practice in this hospital? Yes \_\_\_\_ No \_\_\_\_

**PARENT/GUARDIAN CONSENT**

I hereby state that I am the parent/guardian of \_\_\_\_\_, a minor child ("Minor Child"). I give consent for the Minor Child to participate in school activities. In the event of an emergency, an effort will be made to contact a parent or guardian. If this is not possible, I also authorize the school to consent to and sign for any medical examination, hospitalization, x-rays, medical treatment, anesthetic and surgery as may be advised necessary by a licensed physician in any jurisdiction and any specialty consultants or surgeon that he/she may deem necessary for good medical care of the Minor Child. I understand that I am financially responsible for any treatment and/or services rendered for the good medical care of the Minor Child. If the Minor Child is covered by group health insurance it is noted below.

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

Please provide the following information:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone No. \_\_\_\_\_ Group Number \_\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, being of lawful age and the parent/guardian of the Minor Child, do hereby fully release, waive, and fully discharge Hope Lutheran School, its officers, employees, staff, administration, board members, volunteers, financial supports, representatives, assigns, agents, divisions, affiliates, attorneys, and all other who might be claimed to be liable on its behalf, from any and all liability, claims, demands, and causes of action for injuries or death and all other damages that I or my Minor Child now has, whether known or unknown, and which may arise in the future, arising out of, connected with, or in any way associated with the Minor Child participating in school activities.

By signing below, I acknowledge that I have read and understand the above important information, warning of risk, waiver of liability and release.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you do not have insurance, you must sign the following waiver:**

I acknowledge that I do not have adequate health insurance to cover injuries to the Minor Child and will assume financial responsibility for any and all medical treatment and/or services rendered.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**(sign only if you do not have insurance)**