

# Medical Treatment Consent Form

I, the undersigned parent or guardian of \_\_\_\_\_ minor(s), do hereby authorize the West side Baha'i School, or its designated representatives, as agents of the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act. This authorization shall remain effective from **Sep 7, 2008 to June 7, 2009** when my child(ren) is/are attending the West side Baha'i School classes at the Beaverton Baha'i Center.

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

Students name	Age	Allergies, Medications, Handicaps, etc

Parent/Guardian:

Address:

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_