



**Consent to Emergency Treatment of a Minor**

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby authorize adult leaders of the group \_\_\_\_\_, or the staff of TBTB, as agents for the undersigned, to consent to any emergency care, including, but not limited to, examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees resulting from such an emergency.

I/we have reviewed and signed the Release & Waiver of Liability form included in this packet.

\_\_\_\_\_  
Signature, Parent or Guardian

\_\_\_\_\_  
Date

**VOLUNTEER EMERGENCY CONTACT & MEDICAL INFORMATION**

**IN CASE OF AN EMERGENCY, CONTACT:**

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

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_

Alternate contact: \_\_\_\_\_

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

**MEDICAL INFORMATION:**

Allergies (medicine, food, etc): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Physician: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Please describe below any medical or physical condition that we should know about to assure that your stay with us is healthy and safe: