Heights Christian Junior High

Chaperone Medical Consent Form

TO WHOM IT MAY CONCERN:

I, (Full Name)_____,
First Middle Last

Social Security #_____, Date of Birth_____, do hereby consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered in case of emergency.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage the Heights Christian Junior High School Bus Leaders and staff in attendance, and the physician of their choice, to exercise their best judgment as to the requirements of such diagnosis and treatment. Any medical bills incurred by me (the parent) during the trip will be my responsibility.

This consent shall be in effect from March 8, 2012 to March 17, 2012.

_____
Full Name

_____
Street Address

_____
City, State, Zip

City and State of Birth_____

Insurance Company Name_____

Name of Subscriber_____

Insurance Medical Certificate Number/Subscriber Number_____

Insurance Medical Group Plan Number_____

Allergies_____

Person to Notify in case of Emergency_____

Relationship to you_____

Home # (____)_____ Cell# (____)_____ Work # (____)_____

_____
Signature Date

_____
Witness Signature Date

This form does not need to be notarized.