

## CONSENT FOR MEDICAL TREATMENT

I authorize the Henry Fork Service Center, after using reasonable efforts to contact me, to obtain any first aid or emergency medical treatment for the child named below. I also agree not to hold the Henry Fork Service Center Staff or anyone acting on their behalf responsible for injuries occurring to the below named child in the course of the Center activities.

Name of child: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy holder's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Hospital you normally visit: \_\_\_\_\_

1. Does your child have any health problems? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Does your child have any general, food or drug allergies? \_\_\_\_\_

\_\_\_\_\_.

3. Does your child have a disability? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_.

4. Does your child take a prescription medicine? If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_.

### GENERAL RELEASE FORM

I hereby consent for my child \_\_\_\_\_ to participate in all Henry Fork Service Center activities. I understand that the H.F.S.C. staff, volunteers and Board of Directors are in no way responsible for any injury or loss of property before, during or after the Center activities. I certify that the above named child is in good health and physically able to participate in the center activities.

I verify that all the information given above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date