

Aldersgate Consent Form

**Aldersgate UMC
Consent to Treat
Form**

I/we, the undersigned parent(s) of _____
a minor, give _____ or any other adult sponsor affiliated with
Aldersgate United Methodist Church or Straight Up Ministries, permission to seek
needed emergency medical treatment for my child for injuries that may incur while my
child is under their care.

This authorization shall remain in effect until: ____/____/____
Month Day Year

Dated: ____/____/____
Month Day Year

Parent/guardian signature

Witness

State of Missouri
County of _____ subscribed and sworn-to before me,
a Notary Public, this _____ day of _____, 200__

Notary Public

My commission expires: ____/____/____
Month Day Year