

MEDICAL AND LIABILITY RELEASE FORM

PARENT PERMISSION/RELEASE FORM

First Presbyterian Church of Westerville
41 W. College Ave., Westerville, OH 43081

614-882-3155

familyministry.wfp@sbcglobal.net
www.westervillefirstpresbyterian.org

Child's Name _____

Birth Date _____ Age _____

Address _____

City _____ Zip _____

Phone Number _____ Email _____

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly authorized employee, volunteer or other representative of the (First Presbyterian Church of Westerville), as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective from _____ to _____.

Signature _____ Date _____