

**CONSENT FOR MEDICAL OR DENTAL CARE OF A MINOR**

1.

\_\_\_\_\_  
Parent (s) Address City State Zip

\_\_\_\_\_  
Child's Name Date of Birth Allergies

\_\_\_\_\_  
Name, Address & Phone Number of Physician

Emergency Number: \_\_\_\_\_

2. Medical Insurance Information

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

3. The undersigned acknowledges that they are the parents or legal guardian of the child named in section 1 above.

4. I/We hereby appoint, empower, and authorize ...

Cottage Hill Christian Academy Person Appointed \_\_\_\_\_

7355 Creekwood Dr.

Mobile, Alabama 36695

(251)634.2513

... to consent to any medical or dental treatment or procedure, including but limited to diagnostic tests, x-ray examination, anesthesia, or other treatment or procedure deemed advisable by hospital staff. If circumstances permit, Dr. \_\_\_\_\_ should be consulted in connection with any procedures required.

The hospital, physicians, and personnel may rely upon the consent or authorization by the person named in paragraph 4 above with the same force and effect as if personally executed by the undersigned.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date