

CONSENT FOR CHILD'S NECESSARY OR UNEXPECTED OR EMERGENCY MEDICAL AND DENTAL HEALTH OR HOSPITAL SERVICES

I, _____, parent and legal guardian of _____
(name of parent or guardian) (name of child)
 born, _____, hereby authorize _____ **Royal Rangers** _____ or any person or agency
(Date OF Birth) (name of agency)
 acting as the agent of _____ **Royal Rangers** _____ and give my consent for necessary
(name of agency)
 or unexpected or emergency medical or dental health and/or hospital services for the care of my child.

This consent and authorization is valid for the above named minor during the period from _____ to _____.

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as necessary, unexpected or emergency medical or dental health or hospital services may be required.

CHILD'S FULL NAME	DATE OF BIRTH

SIGNATURE	RELATIONSHIP
WITNESS	DATE

The following are necessary medical or dental health or hospital services (For example: medication, allergy shots - this does not exclude emergency medical treatment as authorized above), which

_____ **Royal Rangers** _____ is authorized to perform or obtain:
(name of agency)

1. _____
2. _____
3. _____

It is understood that _____ **Royal Rangers** _____ will contact the parent/guardian
(name of agency)

immediately to inform them of the child's condition and of all emergency or unexpected medical, dental, health or hospital services. If it is possible and will not cause any deterioration or worsening of undue risk or pain to my child, all surgical proceedings shall be at notice to me.

The following is the hospitalization coverage for my child _____
(name of insurance company)

_____ and my child's family physician _____
(insurance I.D. contract #)

Physicians phone _____

The following information will also help to expedite the care:

PAST HEALTH PROBLEMS:

ALLERGIES: (also include allergies to drugs)

CURRENT MEDICINES:

DATE OF LAST TETANUS IMMUNIZATION: _____