



## Authorization to Consent to Medical Treatment of a Child

I, \_\_\_\_\_ attest that I am the lawful parent/guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

### **Student Information**

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize and appoint the administration & employees of Wesley College Preparatory School as my agent. The agent may consent to my child's:

- a. Transportation by ambulance;
- b. Medical or dental examination;
- c. X-rays;
- d. Diagnoses;
- e. Hospitalization;
- f. Anesthesia;
- g. Medication;
- h. The transfusion of blood.

My agent may have access to any and all records, including, but not limited to, insurance records regarding any medical services or treatment provided.

The purpose of this document is to give the administration and the employees of Wesley College Preparatory School the power and authority to consent to medical treatment for my child. This power and authority will be effective from the first day of school until the last day of the school year.

I give this consent freely and knowingly in order to provide for my child and not as a result of coercion, duress or payments by any person or agency.

This consent may be revoked by the parent by notifying the administration of Wesley College Preparatory School in writing.

Any questions regarding this authorization may be directed to me at:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_