

CONSENT TO TREAT MINORS

Please write all information in PRINT (BLOCK LETTERS)

I, _____, parent or legal guardian of
_____, born on _____ in

_____, do hereby consent to any medical care, including the administration of anesthesia, if necessary and only if determined by a licensed physician to be necessary for the welfare of my child while said child is attending a TLA JUNIOR PROGRAM and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____, 2025.

Signature of Parent or Legal Guardian _____

This consent form must be taken with the child to the hospital or physician's office when the child is taken for treatment.

Family address _____

_____ City _____ Country _____

Parent(s) email: _____

Telephone: Father

Mobile _____

Telephone : Mother

Mobile _____

Known Allergies to drugs or foods _____

Allergy to medication, specify medication name: _____

Special Medications: _____

Blood Type (If unknown leave blank) _____

My child has been vaccinated for measles : YES _____ NO _____

PARENT SIGNATURE (PRINT NAME) _____

Date _____