

MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity for every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It also provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the Club director.

1. The Doctor - a doctor who would give medical assistance to a child without the parents' knowledge, would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).

2. The Child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form could severely reduce that chance.

3. The Director - if a child is injured and unable to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are suitable for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

Local Club Use Only

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____
Cell Phone # _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ Policy # _____
Father's Name _____ Home Phone _____
Cell Phone _____ Office Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ Policy # _____
Mother's Name _____ Home Phone Cell _____
Cell Phone _____ Office Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ Policy # _____
Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot _____
Food allergies _____
Medication allergies _____
Medications receiving now _____
Medical history (i.e., recent surgery, diabetic, chronic illness) _____
Person to notify in case of accident or illness if parents are not available
Name _____ Phone # _____
Relationship to child: _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. Effective from date of _____ to _____.
(One of the types of treatment must be marked.)

_____ Emergency Surgery _____ Both of the these
_____ First Aid _____ None of the above

ALL MEDICAL CONSENTS MUST BE NOTARIZED

Signature of Parent/Guardian _____

Subscribed and acknowledged before me this _____ day of , _____

By _____, who is personally known to me or who has produced identification.

(Notarial Seal) Notary _____ Public signature, State of Florida