

Consent For Medical Treatment

Stars Academy
Abundant Life Church of Grapevine
1520 W. Wall Street
Grapevine, TX
817-329-0454

This Form Must Be Notarized!

I hereby give my consent for all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent:

Child's Name: _____ Birth Date: ____/____/____

I understand that in case of a medical emergency, Stars Academy will contact 911, and the attending physician will designate the hospital for care.

Signature of Parent or Guardian Date

Notary Public Date

Name and phone numbers to call in case of a medical emergency:

Name	Phone Number	Cellular Number	Relationship to child
1.			Parent
2.			Parent
3.			
4.			

Child's Physician: _____ Phone: _____

Family Physician: _____ Phone: _____

Child's Allergies (Medications, Foods, Asthma): _____

Describe any medication on file that you have given permission to the director to give to your child in case of an emergency _____

Name and Address of Insurance Company: _____

Policy Number _____

Please attach a copy of your Insurance Card to this form.