



CONSENT TO TREATMENT OF MINOR

I, the undersigned, being the parent or legal guardian having care and custody of _____ a minor and a VolunTeen at Central Baptist Hospital, in order to induce Central Baptist Hospital to provide said minor with medical or surgical procedures when necessary in case of illness, of or injury to, said minor do hereby authorize and consent to the performance of the staff of the hospital of the procedures and treatment deemed necessary, in its judgment, for the preservation and general welfare of said minor's life, health, and well being.

No guarantee, promise or representation has been made by the Central Baptist hospital as to the results that may be obtained by the procedures and treatment hereby authorized.

Parent or Guardian Signature _____ Date _____

Address _____

Home Phone () _____ Work Phone () _____

If covered by Health or Accident Insurance

Company _____

Policy No. _____

If parent can not be reached, list other person (s) to notify in case of an emergency:

_____ Phone () _____

_____ Phone () _____