

MEDICAL AND LIABILITY RELEASE FORM

DEVON CHURCH

1630 West Devon Ave. ♦ Chicago, IL 60660 ♦ (773) 381-0074

Parental Permission/Release Form

Child's Name: _____ Birth Date: _____

Address: _____ Grade: _____

City/State: _____ Zip: _____

Phone Number (home) _____ (cell) _____

Date(s) of Activity: _____

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly authorized employee, volunteer or other representative of Devon Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective from:

Date(s): _____ to _____.

Signature _____