

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

(I) (We), the undersigned parent(s) and/or legal guardian(s) of _____ minor (under age 21), do hereby authorize Adult Leaders of Peace Lutheran Church to (1) consent to medical, surgical, and dental care for such minor child, (2) consent to any diagnostic tests, medical, surgical, or dental procedures or treatments as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and (3) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care and (c) sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required.

IN WITNESS WHEREOF, (I) (We) have executed this "Authorization to Consent to Medical and Dental Care" this _____ day of _____, _____.

Parent/Guardian

Parent/Guardian

STATE OF _____)
)SS
COUNTY OF _____)

On this _____ day of _____, _____, before me, a Notary Public, personally appeared and, know to me to be the person(s) who executed the above consent and stated that it was executed as his/her (their) free act and deed.

SEAL _____
Notary Public